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Bark of the Rhus aromatica and nocturnal enuresis in children

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Abstract
Nocturnal enuresis is a very common problem in the paediatric age group. It is the most common form of bed wetting especially in male children. It is one of the major health issues of children in developing countries like India. From different Homoeopathic literature, it is known that the bark of the Rhus Aromatica is a very effective treatment of Nocturnal enuresis.

Keywords: Homoeopathic, nocturnal, enuresis, children, alarms, behavioural management, Rhus aromatica

Introduction
The word 'Enuresis' is derived from a Greek word 'ensure' which means to void urine [1]. Nocturnal enuresis is the most common form of bed wetting. It is involuntary urination that happens at night during sleeping, two times in 7 days for at least 3 successive months in a child who is at 5 yrs. of age, when spontaneous control of urination is predicted. Involuntary urination may be primary (nocturnal urinary control never achieved, approximately 75-90% of child care under this group) and secondary (10-25% of kid was dry at night time for some months and then involuntary urination developed) [2]. Spontaneous control of urination is developed at 2/3 years of age [3]. The first line of management for Nocturnal enuresis is behavioural therapy [4]. If behavioural therapy fails after a period of 6 weeks, then an alarm is necessary for the management of involuntary urination [5]. Homoeopathic treatment can contribute an effective and safe relief in patient suffering from Nocturnal enuresis in the Paediatric age group.

Diagnosis: Urine is voided (voluntary or involuntary) two times in 7 days for 3 successive months when kids are of 5 years, bladder control should be established [2].

Prevalence: The prevalence of enuresis at the age of 5 yrs. is 7% for males and 3% for females. At the age of 10 yrs. it is 3% for males and 2% for females and at the age of 18 yrs., it is 1% for males and extremely rare in females [2].

Epidemiology: Family history is positive in 50% of cases. If one parent was enuretic, each child had a 44% risk of enuresis; if both parents were enuretic, then each child has a 77% risk of enuresis. Approximately 75% of children are with nocturnal enuresis only at night, and 25% are having it during both day and night [2].

Classification on nocturnal enuresis: Involuntary urination may be present with or without LUTI.

Monosymptomatic enuresis: When only involuntary urination is present, this is called monosymptomatic enuresis.

Nonmonosymptomatic enuresis: When involuntary urination presents along with other symptoms this is called nonmonosymptomatic enuresis. Most commonly non-mono symptomatic enuresis patients present with LUTI [4].

Primary enuresis: Nocturnal urinary control never achieved, approximately 75% of children are in this group.

It could be related to sleep disorder, genetic or reduced nocturnal ADH secretion [2].

Secondary enuresis- Baby was dry at night time for some months and then involuntary urination developed. 25% of children are under this group [2].

Aetiology

1. **Nocturnal polyuria:** The mechanism for nocturnal polyuria cause increased fluid intake before sleep or reduce production of antidiuretic hormone at night [6].
2. **Decreased bladder capacity:** In Nocturnal enuresis nighttime voided volumes are significantly decreased compared to daytime voided volumes [6].
3. **Detrusor overactivity:** The detrusor muscle plays an important role in Nocturnal enuresis. Detrusor overactivity may cause bladder dysfunction in Nocturnal enuresis due to children with Nocturnal enuresis have been shown to have significantly decreased functional bladder capacities compared to healthy age-matched controls, indicating a possible lower pressure threshold for detrusor activity [7].
4. **Associated sleep arousal disturbances:** In patients with Nocturnal enuresis, there is a basic discordance in the ability to arouse from sleep from voiding urge sensation. It is unclear whether this is caused by sleep disturbances or problems with the bladder-brain communication. There are studies that have demonstrated that children with NE have detrusor instability while asleep, but not while awake studies demonstrating that children with Nocturnal enuresis tend to be "deeper sleepers" than other children [7].
5. **Global maturation delay:** Children with mental retardation have a higher incidence of enuresis [8].
6. Emotional deprivation also represents a prominent factor in the development of enuresis [8].
7. Secondary enuresis developed after stressful events like the birth of a sibling, the move to a new house or divorce between parents [9].
8. Children with ADHD are 2.7 times more likely to have bedwetting issues [9].
9. Nocturnal enuresis can be associated with autism spectrum disorder and constipation [10].

Differential Diagnosis [11]

The 1st differential diagnosis of nocturnal enuresis is LUTI, especially for girls, who are more susceptible to LUTI. Structural anomalies such as epispadias, hypospadias, urethral valve and other malformation of the urinary tract. Neurological conditions such as spina bifida and epilepsy must be excluded.

Management

General guidelines for a first-line approach would be as follows.

Behavioural

The first line of management of Nocturnal enuresis is behavioural therapy, also known as urotherapy

- Urotherapy is education on Normal bladder function, normal voiding habits, how the child differs from normal, and how to change voiding behaviour (posture, timing, holding manoeuvres). This is especially beneficial in non-mono symptomatic. Urotherapy involves advice regarding fluid intake and the avoidance of constipation.
- Advise patients to stay hydrated, but to shift fluid intake habits by drinking 2/3rd of their normal total daily fluids during the morning to early afternoon and then another 1/3rd the remainder of the day.
- Advise a decrease in the amount of diuretic fluids the child may drink, that is, coffee, tea or soda in the evening.
- Motivational therapy (positive reinforcement), prizes or stickers for following the euro therapy guidelines and for periods of extended dryness, is helpful for children who are motivated to treat their Nocturnal enuresis.
- Punishment or humiliation of the child by parents or others should be strongly discouraged [2].

Alarms

The alarm which is attached to the child's collar, and a sensor, which is attached to the child's undergarments. As soon as the child starts micturating, the sensor activates the alarm thus awakening the child. Alternatively, ordinary alarm clocks can be used to wake up the child before the usual time of bed-wetting [11].

Hahnemannian concept of causation of disease

Causation of disease plays a very important role in homoeopathic treatment. According to Dr. Hahnemann, there are three causes of the disease, *viz*. exciting cause, maintaining cause and fundamental cause. It has been known from the theory of chronic disease that some dynamic disease producing power (aphorism 11 F.N) which pollutes the human organism and becomes the producer of every possible disease condition and produces the innumerable forms of the disease. A person falls ill when his vital force is primarily deranged by the dynamic influence of morbific agents which are inimical to life. The vital force manifests its derangement by disagreeable alteration in sensations and functions known as disease. These morbid changes are perceived by the physician. (Aphorism 11, Organon of medicine. 6th edition).

Miasmatic diagnosis

Nocturnal enuresis belongs to the chronic disease category. To decide on miasmatic involvement it is very much necessary to analyze the peculiar nature of the peculiar disease including its cause, sign, symptoms, and pathogenesis.

The chronic miasms are Psora, Sycosis and Syphilis. For the treatment of these chronic miasm, three classes of miasmatic remedies, antipsoric, antipsychotic and antisyphilitic medicines are necessary.

Views of stalwarts regarding miasm of nocturnal enuresis

In Chronic disease of Hahnemann [12]

It is mentioned that the latent psora is responsible for symptoms like frequency of micturition at night.

JH Allen [13]

In tubercular children, it is involuntary at night (nocturnal enuresis) as soon as they fall asleep. It is also copious; they drench everything, and it is so profuse. These cases are only cured by getting at the pseudo-psoricdiathesis. This is why Calcaria carb cures so many of them.

HA Roberts [14]
Nocturnal enuresis, with the < during sleep and soon after falling asleep, is tubercular; and nightly emissions also are a combination of syphilitic and psoric taints.

Comments from different articles related to enuresis

1. Dr. Burnett had said that Tuberculinum or bacilli num had cured 90 percent of cases of enuresis in his hands [15].
2. In an article on Nocturnal enuresis by Dr. RN Wahi, is written that Sulphur is a very good remedy if there are Sulphur symptoms present, or even if there are no other symptoms except just that the wetting is due to the bad habit. Sulphur is just a grand psoric remedy that it cures the bad points in the child's family history and the habit disappears [15].
3. If bed wetting comes on after an acute infectious disease, it can be cured rapidly, almost invariably, with a dose of respective nosode. This is written in an article on nocturnal enuresis by Dr. RN Wahi [15].
4. In an article on Nocturnal enuresis by EE Mercy and FW Hunt, it has been mentioned that when the disease occurs in children, our best remedies are Cantharides, Calcarea carb and sulphur [16].
5. Dr. SB Dickerman of Abington cured one case of Nocturnal enuresis in a boys of 7 yrs. of age with Ferrum Phosphorica [17].
6. H. Leigh cured one case of nocturnal enuresis in a girl of 14 years With Natrum muriaticum 200 [18].
7. A case of nocturnal enuresis was treated successfully by Edmund Carleton with Asparagus [19].
8. Dr. RE. Belding of New York, treated quite successfully a case of Nocturnal enuresis in a girl of 10 years, of a very nervous temperament with Argentum nitricum 200. This was published in the article "Incontinence of urine" in "The Medical Advance" [20].
9. In spite of adequate mention in the literature, homoeopathic published research papers have remained sparse. In a case series by Stanton HE in 1981, the author reported a method of treating enuresis involving the use of a homoeopathic remedy Equisetum, coupled with a visualization technique and split-screen to enhance its effectiveness [21].

Therapeutics on nocturnal enuresis
On the other hand, Rhus Aromatica is a small, bushy shrub, growing from 2 to 6 feet high, and found in clumps throughout sections of the eastern United States, in rocky situations. The part of the medicine is the bark of the root. It is a non-poisonous shrub in the family of Anacardiaceae. It has some little local reputation but was unknown to the medical profession until introduced by Dr McClanahan, in 1879. At first, this remedy is used for the treatment of diabetes, and other excessive discharges from the kidney and the bladder, and for the treatment of albuminuria. Dr. McClanahan first use this medicine for the specific indication of nocturnal enuresis [22].
There are also several references to Nocturnal enuresis treated by Rhus aromatica. An International Journal of Pharmaceutical Sciences mentioned the activity of Rhus aromatica extract which support the traditional use of Rhus aromatic for the treatment of functional bladder problem [23]. Clarke has mentioned one case of nocturnal enuresis, where a girl had enuresis during day and night for 2years. Rhus aromatica mother one part to glycerine three parts, a teaspoonful three times a day, cured the case [24]. This case is also given in Lotus Materia Medica by Robin Murphy [25]. William Boericke it mentioned that Rhus aromatica is indicated in nocturnal enuresis [26]. Blackwood also mentioned about this medicine is used for nocturnal enuresis [27].

Conclusion
Nocturnal enuresis in children can be successfully cured by Rhus Aromatica alone with if there is any maturation delay, mental retarded, autism patient, ADHD, children suffering from constipation or emotional deprivation or if a patient suffering from any stressful event must be treated or managed the case accordingly.

Conflict of Interest
Not available

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Not available

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