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## A clinical study on the effectiveness of individualized homoeopathic medicines in the management of primary nocturnal enuresis in children aged between 6-14 years

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### Abstract

The study titled "A Clinical Study on the Effectiveness of Individualized Homoeopathic Medicines in the Management of Primary Nocturnal Enuresis in Children Aged Between 6-14 Years" investigates the holistic treatment of Nocturnal Enuresis in children. Examining thirty cases, the research delves into various aspects, including gender distribution, socioeconomic status, family history, and the psychological impact of bedwetting.

Following Dr. Samuel Hahnemann's principles, the study emphasizes the totality of symptoms, addressing underlying causes through individualized homoeopathic remedies. Simultaneously, motivational therapy is incorporated to empower young patients, addressing potential psychological barriers related to Nocturnal Enuresis.

Results indicate significant improvements and, in some cases, complete recovery. A substantial percentage of cases showcased marked improvement or complete resolution of symptoms. The study underscores the importance of understanding a patient's psychological state and socio-economic background in devising a comprehensive treatment plan.

This research contributes significantly to homoeopathic medicine, providing valuable insights into the nuanced management of Nocturnal Enuresis in the paediatric population. The findings pave the way for further research, fostering a patient-centric approach that combines traditional wisdom with modern methodologies, ensuring a brighter and healthier future for children grappling with this condition.

**Keywords:** Effectiveness of individualized homoeopathic, nocturnal enuresis

### Introduction

Nocturnal enuresis, commonly known as bedwetting, is a prevalent childhood condition affecting children between the ages of 6 and 14. This involuntary discharge of urine during sleep can have profound effects on a child's self-esteem and emotional well-being. Families grappling with this issue often seek effective, non-invasive treatments to improve their children's quality of life.

In the pursuit of addressing this concern, this study delves into the efficacy of homeopathic medicines in managing nocturnal enuresis among children aged 6-14. Homeopathy, a holistic approach to medicine, focuses on individualized treatments tailored to a person's specific symptoms and overall health. The aim of this research is to understand the effectiveness of these homeopathic remedies in alleviating bedwetting and improving the overall clinical presentation in children.

By exploring the potential of homeopathic interventions, this study aims to offer new avenues of treatment, providing hope and relief to both children and their families. The insights gained from this research could pave the way for innovative, personalized approaches to managing this common childhood concern, fostering confidence and well-being among the younger population.

### Definition

It is defined as involuntary bed wetting beyond the age of 4 years, is called Enuresis. Most of the children outgrow the habit between 12- 16 years of age but only few continue even into adult life. Enuresis is very common and estimated that 25% of children between age 4 to 12 years have this habit. When it is at night, its termed as Nocturnal enuresis <sup>[1]</sup>.

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Nocturnal enuresis is an involuntary voiding of urine during sleep, with a Severity of at least twice a week in children aged more than 5 years in the absence of Congenital or acquired defects of the CNS [2].

Enuresis may be primary (75% - nocturnal urinary control never achieved) or secondary (25% - the child was dry at night for at least a few months and then enuresis occurs). In addition, 75% of children with enuresis are wet only at night, whereas 25% are wet day and night. This distinction is important because the pathogenesis of the two patterns is different [3].

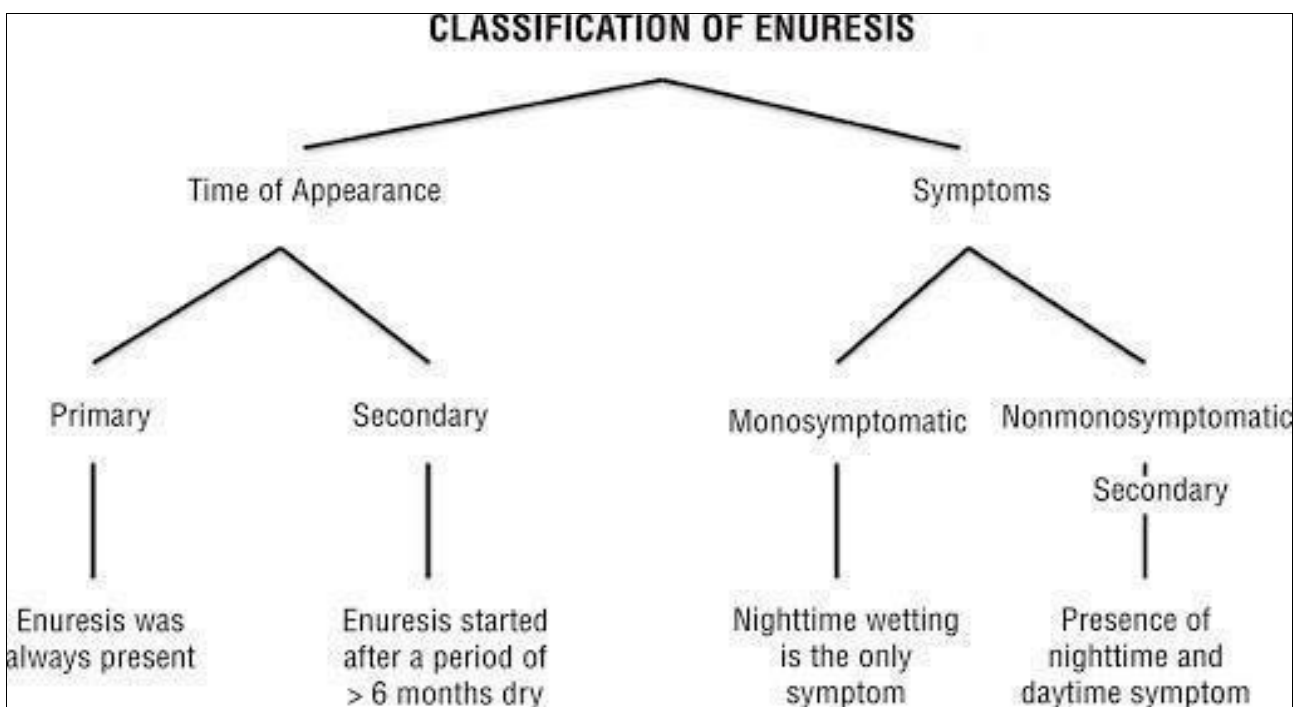
**Epidemiology of Enuresis**

The epidemiology of bedwetting is complicated by the variety of definitions used in studies. The prevalence of bedwetting decreases with age. The Avon Longitudinal Study found that infrequent bedwetting (defined in their study as bedwetting less than 2 nights per week) has a prevalence of 21% at 4 years and 6 months and 8% at 9 years and 7 months of age. Nocturnal enuresis (defined in their study as bedwetting more than 2 nights per week) has a prevalence of 8% at 4 years and 6 months and 1.5% at 9 years and 7 months of age [2].

The worldwide prevalence of enuresis between children aged 6-12years is 1.4%-28%. Indian data on incidence and prevalence are very limited. In general, prevalence of nocturnal enuresis is higher among male than female children.

The prevalence in India is 7.61%-16.3%.The prevalence is highest in children aged 5-8 years and lowest in children aged 11-12 years. Nocturnal enuresis has been reported in 18.4% of children with sleep problems from a single centre

**Classification of Enuresis**



**Methods and Methodology**

**Source of data**

The subjects for the study will be taken from O.P.D./I.P.D, Regular camps, Rural camps, Peripheral Clinics of A.M. Shaikh Homoeopathic Medical College and Hospital and

of India [4].

Around 60% of children with nocturnal enuresis are boys. Family history is also significant and it is positive in 50% of cases. Although primary nocturnal enuresis may be polygenetic, candidate genes have been localized to chromosomes 12 and 13. If one parent was enuretic, each child has a 44% risk of enuresis; if both parents were enuretic, each child has a 77% possibility of enuresis. Nocturnal enuresis without overt daytime voiding symptoms affects up to 20% of children at the age of 5 years. It ceases spontaneously in approximately 15% of involved children every year thereafter, its frequency among adults is less than 1% [3].

**Impact of Enuresis**

Nocturnal enuresis can cause a feeling of failure and result in chronic stress. It can impacts the Self-esteem, emotional state as well as the social development of a child. The fear of being detected by peers at school can cause stress. Children may unable to participate in activities and may feel that they are missing out on important aspects of their life. Children with nocturnal enuresis have lower self-esteem, mental health skills and poorer relation to their parents and others. Children with PNE have lower self-esteem scores than those with secondary nocturnal enuresis. Importantly, after treatment for nocturnal enuresis, children who become absolutely dry have higher self- esteem than those with persisting nocturnal enuresis. Affected children may be at an increased risk of physical and emotional abuse from family members. Children with nocturnal enuresis were reported to have significantly lower global self-esteem and physical appearance than children without nocturnal enuresis.

Postgraduate Research Centre, Belgaum.

Patients are considered on the basis of clinical presentations.

**Following are inclusion criteria**

- Patients of Primary Nocturnal enuresis were considered

- Patients of both sex.
- Patients with age 6 to 14 years were included in the study.

**Following are exclusion criteria**

- Cases with UTI and Underlying Organic Pathology. (Eg: Bladder anomalies and hyperactivity)
- Cases With CNS Disorders (Epilepsy, Spinabifida, Myelomeningocele)
- Cases with systemic disease (Diabetes Mellitus and Insipidus) excluded from the study.

**Study design**

Simple Random Method.

**Follow up**

Cases are followed for every 7 days for a month. Physical examinations done periodically whenever needed.

- **Parameters Used Are:** Change in Clinical Findings like the Presenting Symptoms, Signs and Investigations.
- **Study Period:** JANUARY 2023 TO OCTOBER 2023

**Results**

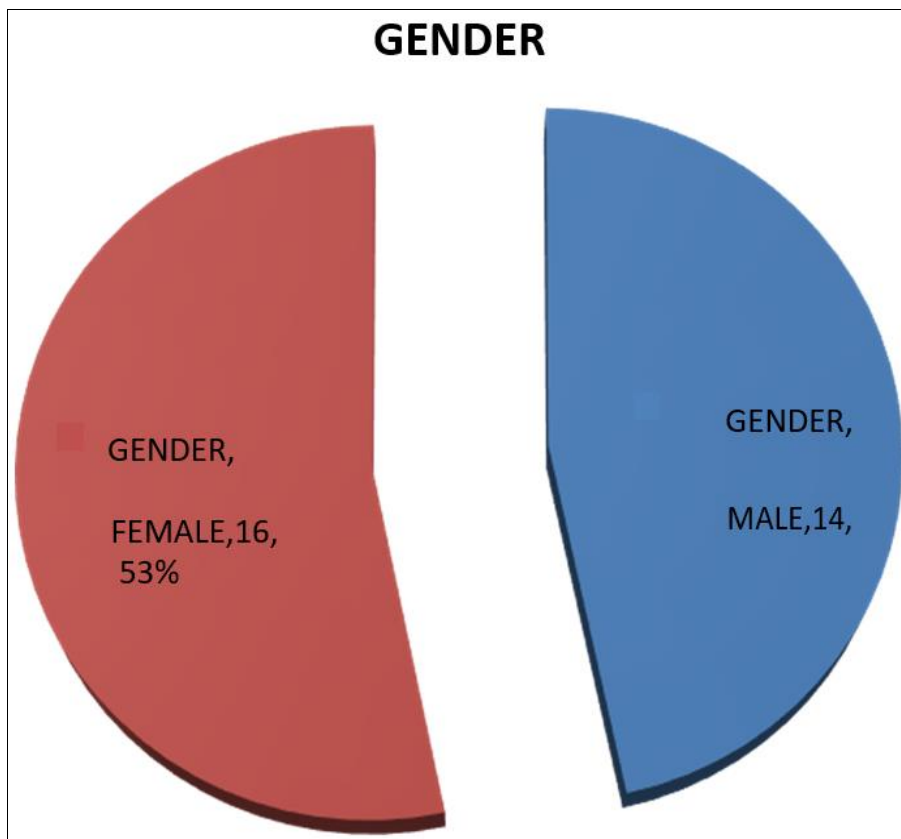
**Observation and Results**

The data obtained from the observation in the treatment of Nocturnal Enuresis is as follows:

**Distribution of cases according to gender (Percentage)**

**Table 1:** Showing Sex wise distribution of cases

Gender	No of Samples	Percentage
Female	16	53%
Male	14	47%
Total	30	100%



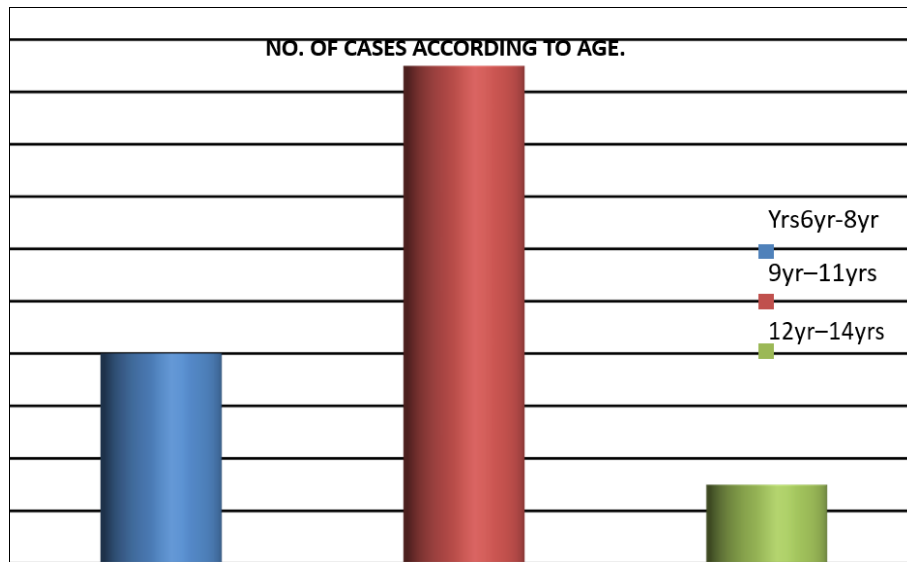
**Chart 1:** Showing Sex wise distribution of cases

The study showed maximum distribution cases of Nocturnal Enuresis are females i.e. 16 cases (53%), where as in the males were 14 cases (47%).

**Distribution of cases according to age (percentage)**

**Table 2:** Showing Age wise distribution of cases

Age Group	No. of samples	Percentage
6 yr-8 Yrs	8	26.6%
9 yr-11 Yrs	19	63.3 3%
12 yr-14 Yrs	3	10%
Grand total	30	100%



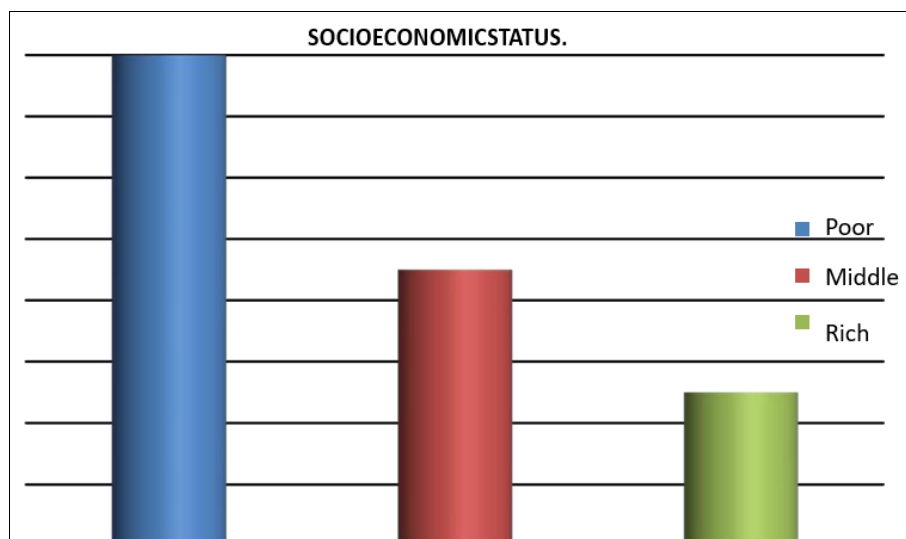
**Chart 2:** No of cases according to age

The study showed maximum distribution of cases of Nocturnal Enuresis in age group of 9-11yrs (63.33%).

**Distribution of cases according to socioeconomic status**

**Table 3:** Socioeconomic status

S. No	Socioeconomic Status	No of Cases	Percentage
1.	Poor	16	53.3%
2.	Middle	09	30%
3.	Rich	05	16.6%



**Chart 3:** Socioeconomics Status

Study shows that the maximum prevalence of Nocturnal enuresis was seen In poor Socio economic status i.e 53.3% a total of 16 patients, from middle class 09 patients i.e 30% and only 05 patients were belongs to rich family i.e 16.6%.

**Family history of enuresis**

**Table 4:** Family history of enuresis

S. No	Family	No of Cases	Percentage
1.	Single parent	09	45%
2.	Both Parents	03	15%
3.	Siblings	08	40%

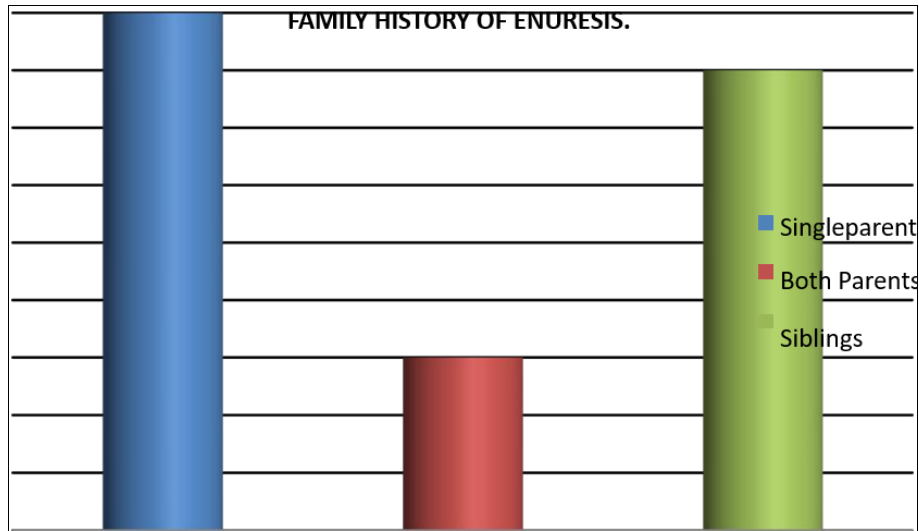


Chart 3: family history

Out of 30 cases 20 patients i.e 66.66% had a significant family history of Enuresis. Out of which 09 patients i.e 45% gave single parental

history of Enuresis, 03 patients of both parents had history Of Enuresis i.e 15% and siblings of 08 patients' i. e 40% had a history of Enuresis.

**List of remedy prescribed.**

Table 4: Remedy Prescribed

Remedy Prescribed	Number of Cases
Equisitum	6
Silicea	4
Kreosotum	4
Baryta Carb	3
Causticum	2
Lycopodium	2
Cantharis	1
Sulphur	1
Dulcamara	1
Secale Cor	1
Natrum Mur	1
Sepia	1
Staphysagria	1
Phosphorus	1
Barita Carb	1

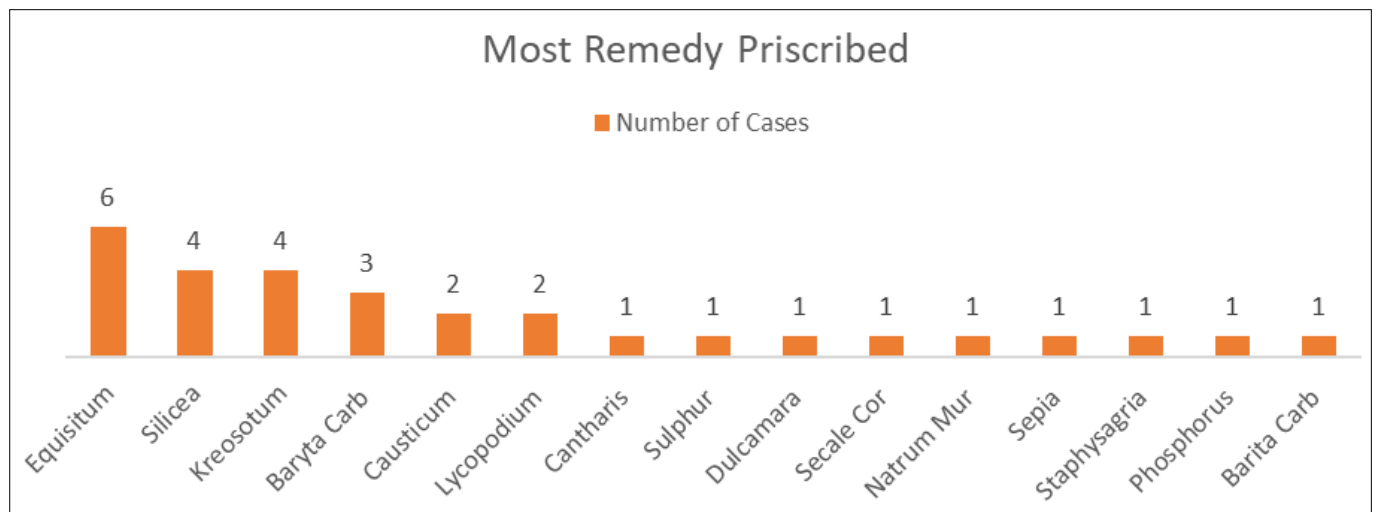


Chart 4: List of remedy used

## Distribution of cases according to the outcome

**Table 5:** Showing outcome wise distribution of cases

Result	No. of Patients	Percentage
Markedly improved	7	23.33%
Improved	19	63.33%
Not improved	4	23.33%
Total	30	100%

Lastly the observation of the result is as follow: Out of 30 cases, 7 cases markedly improved (23.33%); 19 cases showed improvement (63.33%); 4 cases did not show improvement (13.33%).

## Discussion

The results obtained from this study on the management of primary nocturnal enuresis in children aged between 6-14 years provide valuable insights into the factors influencing the condition and the effectiveness of the intervention. The findings from the observation and analysis of the data reveal several important aspects that contribute significantly to the overall understanding of this condition and its management.

### Gender Disparities

The study demonstrated a slightly higher prevalence of primary nocturnal enuresis in females (53%) compared to males (47%). While the reasons for this gender disparity were not explored in this study, further research could delve into the underlying factors contributing to this phenomenon. Understanding the gender-specific aspects of nocturnal enuresis can aid in tailoring interventions more effectively.

### Age and Nocturnal Enuresis

The age-wise distribution of cases revealed a substantial concentration of primary nocturnal enuresis among children aged 9-11 years (63.33%). This finding aligns with existing literature indicating that enuretic episodes often peak during middle childhood. However, it's essential to acknowledge the presence of cases in other age groups, highlighting the need for interventions catering to a broad age range within the study group.

### Socioeconomic Status and Nocturnal Enuresis

A notable association was observed between socioeconomic status and the prevalence of nocturnal enuresis. The study revealed a higher incidence of enuresis in families with a lower socioeconomic status (53.3%). This correlation highlights the potential impact of socioeconomic factors on the psychological well-being of children, which, in turn, might contribute to the development or persistence of enuretic episodes. Future studies could explore the specific stressors related to socioeconomic status that might exacerbate this condition.

### Most remedy used

The results of this study shed light on the diverse range of homeopathic remedies used in the management of primary nocturnal enuresis in children aged between 6-14 years. Among the various remedies prescribed, Equisitum emerged as the most frequently administered remedy, being prescribed in 6 cases. Silicea and Kreosotum followed closely, each prescribed in 4 cases. Baryta Carb was administered in 3 cases, while Causticum and Lycopodium were used in 2 cases each. Other remedies like Cantharis,

Sulphur, Dulcamara, Secale Cor, Natrum Mur, Sepia, Staphysagria, Phosphorus, and Barita Carb were each prescribed in 1 case.

### Family History and Enuresis

The presence of a significant family history of enuresis in 66.66% of the cases underscores the genetic and familial component of this condition. Understanding the hereditary aspects of primary nocturnal enuresis is crucial for both diagnosis and developing targeted treatments. Genetic predisposition, combined with environmental factors, could provide valuable insights into the etiology of enuresis, paving the way for more personalized therapeutic approaches.

### Outcome Analysis

The intervention demonstrated promising results, with 86.66% of the cases showing improvement. Among these, 23.33% of patients experienced marked improvement, while 63.33% showed general improvement. This high rate of success suggests the effectiveness of the combined approach involving individualized homeopathic medicines and motivational therapy. The individualized treatment plans, tailored to the specific needs of each child, likely contributed significantly to the positive outcomes.

### Limitations and Future Directions

While the study yielded valuable results, it is essential to acknowledge its limitations. The sample size, although representative, might benefit from expansion in future research to enhance the study's reliability. Additionally, exploring the long-term effects of the intervention and conducting follow-up assessments could provide valuable insights into the sustainability of the treatment outcomes.

### Conclusion

After understanding the clinical presentation of Nocturnal Enuresis I have taken up 30 confirmed and clinically verified cases of Nocturnal Enuresis for the present study. All the cases were studied in detail to draw the conclusion. In the study conducted the highest incidence was between the age group of 09- 11yrs i.e. 63.33%. Out of 30 patients 16 patients i.e. 53% were females and 14 patients i.e. 47% were the males. This shows the highest incidence was found in females according to the distribution of my study samples. Maximum prevalence of Nocturnal enuresis was seen in poor Socio-economic status i.e 53.3%. Out of 30 cases 20 patients i.e 66.66% had a significant family history of Enuresis. The study shows the impact of bed-wetting among children were parental dominances, child feeling shy or embarrassed, self-esteem problems and poor academic performances. Homoeopathic Constitutional Remedy along with Motivational Therapy was given to all the 30 patients and it was found that 7 patients i.e. 23% recovered, 19 patients i.e. 63% improved, 4patients i.e 13% were not improved.

A general improvement in the health of patients was seen after administration of homoeopathic remedies. So by the present study, I came to the conclusion that homoeopathic management in Nocturnal Enuresis has shown tremendous result in most of the cases taken for my study.

There was an improvement seen in the progress of the symptoms and reduction in severity, recurrence and frequency of the complaints.

**Summary**

This study was conducted with the aim of evaluating the utility of Homoeopathic Remedies in the management of Nocturnal Enuresis.

The study was conducted in the OPD, Peripheral camps of A.M Shaikh Homoeopathic Medical College and Hospital, Belgaum. It consisted of thirty patients, who were selected on the basis of the inclusion and exclusion criteria applied for the study.

The prevalence of cases were found as follows: Common age group affected: 9-11 years Sex prevalence: Males & Females were equally distributed.

Socioeconomic status: Poor socioeconomic status children were more prone than other class.

Commonly indicated Remedies are as follows: Equisetum, Causticum, Kreosotum, Baryta Carb, Lycopodium, Silicea, Cina and Calc Carb.

This study was successful one in terms of fulfilling the objectives set for the study. This was the modest effort on my part to find the role of Homoeopathic remedies in the management of Nocturnal Enuresis.

**Acknowledgement**

Not available

**Author's Contribution**

Not available

**Conflict of Interest**

Not available

**Financial Support**

Not available

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**How to Cite This Article**

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