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REVIEW ARTICLE

HOMOEOPATHY IN NOCTURNAL ENURESIS

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Abstract

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Nocturnal enuresis, commonly known as bedwetting, is a distressing condition that affects a significant number of children worldwide. It refers to the involuntary passage of urine during sleep beyond the age when bladder control is typically established. Bedwetting can have profound physical, emotional, and social consequences for both the child and their family. While conventional treatments often focus on behaviour modification and medication, this article delves into the use of homeopathic medicines as an alternative approach for managing nocturnal enuresis in children.

INTRODUCTION

Nocturnal enuresis is a multifactorial condition with various underlying causes, including genetic predisposition, delayed maturation of bladder control, hormonal imbalances, psychological factors, and urinary tract abnormalities. It is essential to conduct a

thorough evaluation to identify any potential contributing factors and address them appropriately.¹

Enuresis can be divided into two types: -

- 1) Primary nocturnal enuresis
- 2) Secondary nocturnal enuresis



CLASSIFICATION

Primary Nocturnal Enuresis- (PNE)

The most common type of enuresis, accounting for 90% of cases, is called primary nocturnal enuresis (PNE). In PNE, children have the ability to control their bladders during the day but have never been dry at night for a continuous six-month period. PNE can be classified as mono-symptomatic if it occurs only during sleep and is not accompanied by any other lower urinary tract symptoms. Children with mono-symptomatic nocturnal enuresis do not require further evaluation.

Secondary Nocturnal Enuresis-

Children are completely dry at night for a period of at least 6 months and then begin wetting again.

3. On The Basis Of The Timing Of Micturition -

- **Nocturnal:** voiding urine at night
- **Diurnal:** voiding urine when awake.

4. According To The Presence Of Other Symptoms -

- **Mono-symptomatic/ uncomplicated nocturnal enuresis:** Normal voiding occurs at night in bed in the absence of other symptoms referable to the urogenital /gastrointestinal tract.
- **Polysymptomatic/complicated nocturnal enuresis:** Bedwetting is with daytime symptoms which are mostly urgency of urine, frequency, and chronic constipation.²

AETIOLOGY

- a) **Genetic:** If one parent had primary nocturnal enuresis (PNE), the risk for a child to develop PNE is approximately 40%. If both parents had PNE during their childhood, the risk increases to about 70%.
- b) **Physiological factors:** Some evidence suggests that children with enuresis may have lower secretion of antidiuretic hormone (ADH) at night, experience deep sleep, and have delayed maturation of urethral sphincter control.
- c) **Psychological factors:** Prolonged anxiety, hostility, acute stress, or traumatic experiences can contribute to secondary enuresis, where a child who

has previously achieved bladder control starts bedwetting again.

d) Increased bladder irritability:

Enuresis can be caused by conditions such as urinary tract infections or severe constipation, which increase bladder irritability.

e) Polyuria: Secondary enuresis may occur in cases of diabetes mellitus or diabetes insipidus, conditions characterised by increased urine production.

f) Organic causes: Certain organic conditions like spina bifida or ectopic ureter can be associated with enuresis.

g) Faulty learning: Failure to develop appropriate reflex bladder control, leading to the inhibition of bladder emptying, can contribute to enuresis.

h) Situational changes: Alterations in eating, drinking, or sleeping habits, as well as significant life changes, can sometimes trigger enuresis episodes.^{2,4}

PATHOPHYSIOLOGY

Enuresis can be caused by abnormalities in both the storage and voiding phases of bladder function.

➤ **The storage phase** - It involves the bladder acting as a reservoir for urine, and its capacity is influenced by bladder size and compliance. As children grow, their storage capacity increases. However, factors like repeated infections or outlet

obstruction can decrease compliance, leading to bladder muscle hypertrophy.

➤ **The voiding phase** -In this phase the bladder contracts in coordination with the opening of the bladder neck and the external urinary sphincter. Any dysfunction in the coordination or sequence of voiding of urine causes enuresis. Various reasons can cause this dysfunction. One example is bladder irritation, which can lead to irregular contractions of the bladder and a lack of synchronization in the voiding sequence, thus contributing to enuresis. Bladder irritation can be triggered by conditions such as urinary tract infections (UTIs) or any external pressure on the bladder.^{1,2}

HOMEOPATHY: A HOLISTIC APPROACH

Homeopathy is a natural therapeutic system that aims to stimulate the body's innate healing abilities. It follows the principle of "like cures like," using highly diluted substances derived from plants, animals, and minerals to trigger a healing response. Homeopathic medicines are individualized based on the unique symptoms and constitution of the patient. Unlike conventional medicine, homeopathy treats the whole person, taking into account physical, mental, and emotional aspects.

Common Homeopathic Medicines for Nocturnal Enuresis

1. ***Equisetum***: This remedy is suitable for bedwetting children who have dreams of urination or are restless during sleep. They may experience dribbling or a weak stream of urine. *Equisetum* can help strengthen the bladder and improve control.
2. ***Causticum***: Children who require *Causticum* often have a weak bladder sphincter and experience involuntary urination while coughing, sneezing, or laughing. Bedwetting is often accompanied by deep sleep, anxiety, and an intense fear of dark or thunderstorms. *Causticum* helps improve bladder tone and reduce anxiety.
3. ***Kreosotum***: This remedy is indicated when bedwetting occurs involuntarily, and the urine has a strong, offensive Odor. The child may also experience itching or burning sensations in the urethra. The child even has dreams of urinating. During the daytime, it is difficult to control the urinary bladder, and a child runs to urinate.
4. ***Sepia***: *Sepia* is recommended for bedwetting children who have a feeling of fullness in the bladder but are unable to empty it completely. These children may also have associated symptoms such as irritability, mood swings, and fatigue. *Sepia* helps regulate bladder function and restore emotional balance.
5. ***Cina***: *Cina* is suitable for children who grind their teeth during sleep (bruxism) and experience restless sleep. Bedwetting may be accompanied by an itchy nose, rectal itching, or abdominal pain. The child is irritable and rubs the nose. The urine is turbid, white, and turns milky on standing. Increased appetite is another prominent symptom that indicates *Cina*.
6. ***Pulsatilla***: This remedy is appropriate for emotionally sensitive children who crave attention and reassurance. Bedwetting may occur due to anxiety, especially when feeling abandoned or rejected. *Pulsatilla* helps address emotional imbalances and promote overall well-being.
7. ***Lycopodium***: *Lycopodium* is indicated when bedwetting is accompanied by digestive issues, such as bloating, constipation, or flatulence. These children may exhibit low self-confidence and fear failure. *Lycopodium* supports gastrointestinal health and addresses associated bedwetting symptoms. ⁽³⁾

Administration and Individualisation of Homeopathic Medicines

In homeopathy, accurate case-taking is crucial for selecting the appropriate remedy. A skilled homeopath will evaluate the child's physical symptoms, mental and emotional state, medical history, and family background. The chosen homeopathic medicine will be tailored to the child's unique symptom profile and administered in the appropriate potency and frequency.⁷

Complementary Lifestyle Measures

In addition to homeopathic treatment, incorporating lifestyle modifications can enhance the effectiveness of managing nocturnal enuresis in children. Encouraging regular toileting habits, limiting fluid intake before bedtime, creating a supportive sleep environment, and addressing emotional stressors play a significant role in the overall management of bedwetting.⁶

Diet in the evening -

- Much liquid diet should be avoided especially in the late evening.
- Much salty or spicy in the evening is known to escalate the urine.
- A light diet should be preferred at night.

Sleeping Posture And Time Have A Role To Play -

- Some reports suggest that sleeping

on the back should be avoided.

- Also, avoiding going to bed immediately after eating will also be helpful.
- Before going to bed, the child should be reminded to empty the bladder.⁽⁵⁾⁽⁶⁾
- Giving punishment does no good for bedwetting.

Bladder control practice -

- For improving bedwetting in children, they should learn to hold the bladder for a longer period.⁽⁸⁾⁽⁷⁾

CONCLUSION

Nocturnal enuresis can be a challenging condition for both children and their families, but homeopathy offers a holistic approach to its management. Homeopathic medicines, tailored to the individual's symptoms and constitution, aim to stimulate the body's innate healing mechanisms and restore balance on physical, mental, and emotional levels. When combined with lifestyle modifications, homeopathy can provide effective and gentle support for children with nocturnal enuresis. However, it is essential to consult a qualified homeopathic practitioner for accurate diagnosis, individualised treatment, and ongoing monitoring to ensure the best possible outcomes for the child.

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