

Case Report

To Study the role of Apis Mellifica and Argentum Nitricum in the management of nocturnal enuresis in the paediatric age group (03 years to 18 years)

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ABSTRACT

Approximately 60% of children with nocturnal enuresis are boy. Family history is positive in 50% of case. Although primary nocturnal enuresis may be polygenetic, candidate genes have been localized to chromosome 12 & 13. If 1 parent was enuretic, each child has a 44% risk of enuresis; if both parents were enuretic each child has a 77% likely hood enuresis. Nocturnal enuresis without overt daytime voiding symptoms up to 20% of children at the age of 5 years; its ceases spontaneously in approximately 15% of involved children every year thereafter. Its frequency among adult is less than 1%. Most children with enuresis her psychological normal and treatment of secondary enuresis still relies mainly on the symptomatic approach, although any under lying stress, emotional or physical disorder must be addressed. If 1 parent was enuretic, each child has a 44% risk of enuresis; if both parents were enuretic each child has a 77% likely hood enuresis. Nocturnal enuresis without overt daytime voiding symptoms up to 20% of children at the age of 5 years; its ceases spontaneously in approximately 15% of involved children every year thereafter. Its frequency among adult is less than 1%. Most children with enuresis her psychological normal and treatment of secondary enuresis still relies mainly on the symptomatic approach, although any under lying stress, emotional or physical disorder must be addressed. A careful history helps determine whether the enuresis is primary or secondary, weather any day time symptoms are present and weather any voiding difficulty is present. In case secondary enuresis history should be taken to rule out acute stress full condition, poly urea and features of bladder irritability such as frequency and urgency.

Keywords: Apis Mellifica, Argentum Nitricum, nocturnal enuresis, homeopathy



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Conflict of Interest: None Declared!

INTRODUCTION:

OBJECTIVE: To study the clinical presentation of Nocturnal Enuresis in children.

To explore the action of Apis mellifica and Argentum Nitricum in nocturnal enuresis in children

DESIGN : The cases for the study will be taken from O.P.D. /I.P.D. or peripheral OPD

of the Institute and Camps. All cases will be recorded and presented in a standard proforma approved by Respective authorities. A sample of 30 cases will be taken for the study.Both sexes and age groups 1yr to 15 yrs are selected for study. Clinical diagnosis.Case analysis. Evaluation and analysis of symptoms Repertorization

will be done for all cases. Selection of similimum. Proper follow up will be done Simple Random Sampling procedure shall be adopted.

RESULT: Therefore, the final outcome after the treatment was 23 (80.25%) cases showed Recovered, 6 (20%) cases Improved, and 2(6.66%) cases were not improved. I found using homoeopathic remedies selected on the basis of similimum have given much relief to the subjects. Having done my studies according to Homoeopathic principles and it is with lot of confidence I say that Homoeopathic medicines selected are very effective in the treatment of nocturnal enuresis. The maximum age incidence of 50% was between 5yrs to 8 years is 13 cases and the minimum age incidence of 3 case i.e. 10% was between 3yrs to 8 yrs. 12 patients between 13- 18 years showed 40% incidence, The maximum incidence shows (53.33 %) having 16 number of cases in males, (46.33%) 14 cases shows incidence in females. Psora was predominant miasm in 23 cases (76.66%) and Sycosis as predominant miasm in 6 cases (20%), Syphilis as miasm in only 01 case (3.33%) In this study, Apis Mel. is indicated 53.33% (16 cases) each. Arg Nit was indicated in 14 cases showing 46.66% of incidence. Out of 30 cases, 12 cases of apis mel are recovered, 3 cases improved and 1 case not improved. 9 cases of argentums are recovered and 2 cases improve and 3 case shows no improvement.

The term, enuresis defines as a normal urinary bladder emptying at a wrong place and time at least twice a month at or after the age of five years.

Nocturnal enuresis also refers to bedwetting. Enuresis should be differentiated from continuous or intermittent incontinence or dribbling.

It is a fairly common paediatric problem, occurring in about 1/4th of children.

10-15% or more of children have Nocturnal wetting at age 5, but the end of adolescence, the incidence has decreased to 3%.

More than 85% children attain complete diurnal and nocturnal control of the bladder by 5 year of age, remaining 15% gain continence at around 15% per year, such that by adolescence only 0.5- 1% children have

enuresis.

The term Nocturnal enuresis may be used for night time wetting in girls over the age of 5 years and boys over the age 6 years.

Although the Nocturnal enuresis is a frequent symptom, parents usually do not mention it to doctors unless asked.

It is a potential cause of embarrassment to the child as well as the parents.

A proportion of children suffering from this disorder may wet their garments during waking hour as well (also called diurnal enuresis)

Remarkable familial pattern is observed.

Enuresis is called primary when a child has never been dry and the secondary when bedwetting start after a minimum period of 6 month of dryness at night.

It is termed mono symptomatic if it is not accompanied by any lower urinary tract symptoms and nocturnal if it occurs only during sleep. The prevalence of enuresis depends upon a variety of socio-economic and environmental factors like low literacy rate, poor hygiene, improper training to the children for urination Stressful home life, e.g. conflicts between parents, too strict parents, rejection, mal adjustment with family, erratic handling of the problem by parents, too late, too early or improper training by the parents etc.

CONCLUSION:

My dissertation was conducted for 1 and half years. The outcome of study is briefly concluded below.

1. Prevalence of Nocturnal Enuresis found more in the age group of 8-13 years about 15 (50%) cases.
2. Prevalence of Nocturnal Enuresis is more common in Males (53.125%) than in Female (46.33%)
3. Apis Mel. is indicated 53.33% (16 cases) each. Arg. Nit. was indicated in 14 cases showing 46.33% of incidence.
4. The maximum age incidence of 50% was between 5yrs to 8 years is 13 cases and the minimum age incidence of 3 cases i.e. 10% was between 3 years to 8 years. 12 patients between 13- 18 years showed 40% incidence.

Psora was predominant miasm in 23 cases (76.66%) and Sycosis as predominant miasm

in 6 cases (20%), Syphilis as miasm in only 01 case (3.33%)

Limitations of the study:

- Small sample size (30cases).
- Subjects are only from RKDF Homoeopathic Hospital (OPD / IPD / Rural Camps)
- Shorter duration.

RECOMMENDATION:

This kind of study for along period can be conducted, especially in the case of nocturnal enuresis that the results can be compared and evaluated more accurately.

Homoeopathic remedies not only annihilate the disease but also prevent complications associated with it. However further studies need to be carried out to understand the finer menaces of the disease. Homoeopathic management of nocturnal enuresis is able to annihilate the disease without any recurrences of this condition.

Having done my studies strictly according Homoeopathic principles and, it is with lot of confidence I say that Homoeopathic medicines selected by are very effective in the treatment of nocturnal enuresis.

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