

Review Article

Nocturnal Enuresis: Role of Homoeopathic Management

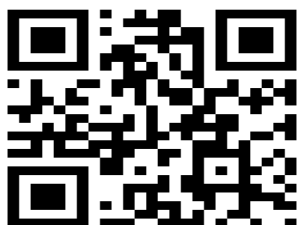
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ABSTRACT

Nocturnal enuresis is defined as intermittent incontinence during sleep in a child aged 5 years or more in absence of congenital anomalies of the urinary tract or congenital or acquired defects of the central nervous system. Enuresis is often highly distressing for children and parents and in many cases, the quality of family life is affected. Loss of self-esteem, social isolation, poor school performances and psychological impairment.

Keywords: Hypothyroidism, pediatric age, homeopathic management



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INTRODUCTION

Enuresis is defined as the voluntary or involuntary wetting of clothes or bedding with urine for a period of at least 3 consecutive months in children older than 5 years of age. The generally accepted definition suggested by the American Pediatric Academy is the involuntary wetting of clothes or bedding by urine during the daytime or nighttime.

Enuresis may be primary or secondary. Primary Nocturnal Enuresis occurs in children without a period of 6 consecutive months of nighttime urinary control.

Secondary Nocturnal Enuresis occurs in children with a period of 6 consecutive months of nighttime urinary control before incontinence, Enuresis in this group is associated with organic or psychological.

Epidemiology

The prevalence in India is 7.61% -16.3%. The prevalence is highest in children aged 5-8 years (and 6-8 years) and lowest in children aged 11-12 years (8-10 years). The worldwide prevalence of enuresis among children aged 6-12 years is 1.4% -28%. In general, prevalence of nocturnal enuresis is

higher among male children than female children.

Aetiology

Delayed maturation of the cortical mechanism that allow voluntary control of micturation reflex.

Defective sleep arousal

Reduced anti-diuretic hormone production at night, resulting in an increased urine output (nocturnal polyuria)

Genetic factors with chromosome 12 and 13q the likely sites of the gene for enuresis

Bladder factor (lack of inhibition, reduced capacity, overactive)

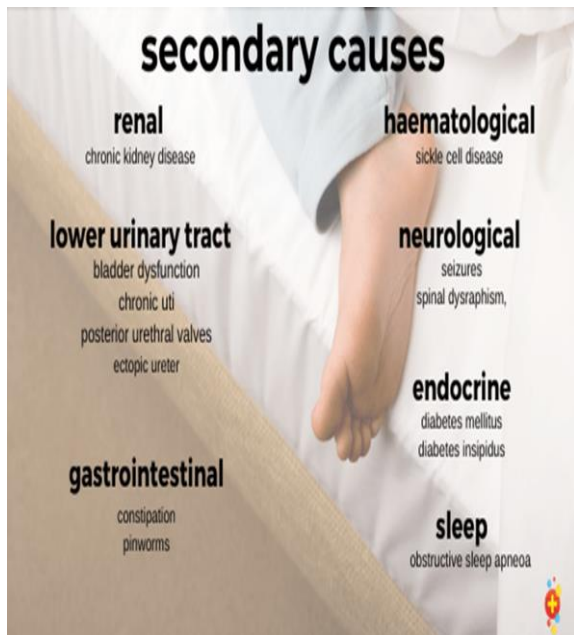
Constipation

Organic factors, such as urinary tract infection or obstructive uropathy

Sleep disorder.

Sleep disordered breathing secondary to enlarged adenoids

Psychological factors more often implicate secondary enuresis.



PATHOGENESIS

Due to the discordance between nocturnal urine production and bladder capacity, the bladder may easily fill at night, leading to the awakening of the child for urination or in children with trouble awakening, incontinence.

Enuresis may be more correctly analyzed as a problem with awakening from sleep. This problem with awakening has been a focus point in enuresis. In normal children, when the bladder reaches maximum capacity, there is a sudden urge for urination that does not occur correctly in enuretic children. The exact cause behind this mechanism is not known, although some researchers suggest that chronic over-stimulation leads to down regulation of the voiding center.

Additionally, inadequate secretion of the anti-diuretic hormone (ADH), which also leads to the production of more urine, has been seen in these children. The frequency of this is thought to be around 2 out of 3 children.

Diagnostic criteria

The Diagnostic and Statistical Manual of Mental Disorders 5 criteria for diagnosis of enuresis are as follows.

Repeated voiding of urine into bed or clothes, where involuntary or intentional. The behaviour either

- occurs twice a week for at least 3 consecutive months
- result in clinically significant distress or

social functional or academic impairment.

The behaviour occurs in child who is at least 5 year old or has reached the equivalent developmental level.

The development cannot be attributed to the physiologic effect of a substance or other medical condition.

Approach to treatment of a child with nocturnal ENURESIS

Reassure the child and parents that the condition is self limiting and to avoid punitive measures that can affect the child's psycho-logic development adversely. H

First-line treatment involves simple behavioral changes such as carrying the child to the toilet at night or awakening him or her for urination, along with daily motivation and exercises aimed at increasing bladder capacity in children, non-surgical and non-pharmacological methods that correct voiding habits. Fluid intake should be restricted to 2 oz after 6 or 7PM

Similarly, avoidance of drinks with a diuretic effect (such as those containing caffeine) is advised, although the effect of this has also not been investigated

Conditioning therapy involves use of a loud auditory or vibratory alarm attached to a moist sensor in the underwear. The alarm sounds when voiding occurs and is intended to awaken the children and alert them to void.

Indications of some homoeopathic medicines

Kreosotum

Frequent urging with copious pale discharge; at night cannot get out of bed quick enough. Wets bed at night, wakes 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.

Equisetum Hyemale

Incontinence in children, with dreams or night-mares when passing urine. Boericke: Wets bed at night, when he dreams, he always sees a crowd of people.

Enuresis, nocturnal and diurnal

Squilla Maritima

Continuous, painful pressure on bladder. Tenesmus of bladder after micturition. Frequent calls to especially at

with scanty or discharge of pale Involuntary micturition, especially when coughing Inability to retain urine Enuresis nocturna

Calcarea Carbonica

Too frequent emission of urine, even the night Wetting the

Craving for eggs; indigestible things, chalk, .

Faty children rather bloated than solid, pale but flushing easily, the head Sweat profusely

Cina

Nocturnal enuresis, urine white, turbid, at times feotid.

In children there extreme ill-humour naughtiness

Frequent want make water, with profuse discharge Wetting the bed Urine

Becomes turbid

Involuntary emission of urine (at night)

Natrum Muriaticum

Frequent and urgent want to urinate, day and night, sometimes every hour, copious

Involuntary emission of urine, sometimes coughing, laughing, or sneezing Nocturnal

emission of urine Clear urine, with red resembling brick-dust .

Incontinence of whenever he sat down urine came away, day and necessitating very

frequent change of clothing bedclothes, continual craving for salt.

Pulsatilla

Children are peevish changeable, pale and chilly.

Involuntary micturition urine dribbles while sitting or walking while coughing passing at

night in especially in little Enuresis nocturna for two years, in girl. Mild disposition,

complexion, frequently changing color, delicate frame the complaint has been

preceded acule exanthema, probably measles.

Belladonna

Bladder, bed wetting, enuresis children in Bell, Caust, Cina, Kroos, Lyco, EQUIS

Bladder bed wetting, enuresis, dreams of urinating while - Kreas, Seneg, Sep

Bladder bed wetting, enuresis, first sleep-CAUST, SEP, Kreos, Phos

The essential synthesis

Bladder, urination, involuntary night - APIS, ARGN, ARN. ARS, BELL, BENZ AC CAUST, EQUIS, FERR, GRAPH, KALI N,

KREOS, LAC C, MAG P, NAT M, PULS, RHUST, SEP. SIL, SULPH

Bladder urination children in-Carb v.

Enuresis nocturna of children

Enuresis, with profuse perspiration. Wets bed; restless; starts in sleep.

Sepia

Involuntary urination, during first sleep.

Emission of urine at night (has to rise frequently)-Involuntary discharge of urine at

night, esp: in first sleep.

Causticum

Enuresis, especially during first sleep, <winter,> in summer Tendency to escape

during the day, from any extra exertion, laughing, walking.

• Involuntary during first sleep at night, also from slightest excitement

Studies done in homoeopathy:

A prospective, single arm, non randomised, open-label, observational trial conducted on

34 individuals of 5 to 18 years of age presenting with nocturnal enuresis at OPD of

Calcutta homoeopathic medical college and Hospital, was found that totally 13 different

homoeopathic medicines used. Kreosotum was the most frequently used medicina

(26.5%), followed by Calcarea phosphoricum (17.6%), Calcarea carbonica(11.7%) 114)

A study conducted on 30 enuretic children at SKH hospital postgraduate research centre

Beed, shows that Calcarea carb, Sulphur, Puls are the most frequently used

constitutional medicine. Sep, Silicea Merc, Thuja Arg-Nit. Benz Acid, Ars Alb Lyco and

Kali Bich are further used or miasmatic constitutional treatment which shows

improvement in 56.66% cases while 5 cases (6.66%) showed that no relapse of the

symptoms within 5 to 6 months, 8cases (26.68 %) showed very minute or minimal

improvement in bed wetting It was found during the treatment that with constitutional

remedy patient adopts behavioral changes and learns to exercise normal habits

Murph's Repertory

Bladder, bed wetting, enureais APIS. ARGN, ARN, ARS, BELL BENZ AC, CAUST,

EQUIS, FERR GRAPH KREOS, LAC C, LYC, MAG P. NAT M, NIT AC PUS,

RHUST, SEP SIL SULPH, THY

CONCLUSION

Nocturnal enuresis is highly prevalent in India and has a deep impact on the emotional and psychological aspect which can intern affect the quality of life Research shows homoeopathy has a significant role in treatment of nocturnal enuresis

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