

To Study the Role of Homoeopathy in Nocturnal Enuresis in Children

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Abstract: Nocturnal enuresis is a socially disruptive and stressful condition which affects many children. It is a low severity high prevalence condition in paediatrics. This exploratory study was conducted on 60 children from 5yrs to 13 yrs who visited the OPD and IPD of Sri Guru Nanak Dev Homoeopathic Medical College and Hospital over the period of One and half year. The study was carried out mainly on "To study the Role of homoeopathy in nocturnal enuresis in children". About 25 cases out of 60 show good improvement i. e.41.7 %, 16 cases i. e.26.7% show moderate improvement, 15cases i. e.25% show mild improvement, 4 cases i. e.6.6% show no improvement.

Keywords: Nocturnal enuresis, Bedwetting, Night incontinence, Enuresis

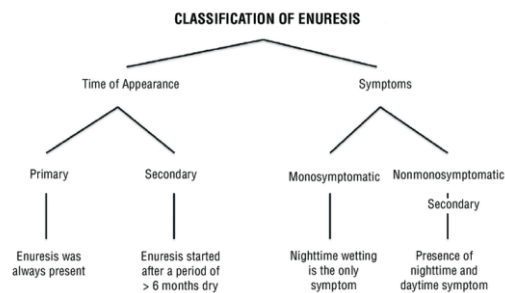
1. Introduction

Nocturnal enuresis (NE), also informally called bedwetting, is involuntary urination while asleep after the age at which bladder control usually begins (> 5yrs). The behavior is clinically significant as manifested by either a frequency of twice a week for at least three consecutive months.

The etiology of NE is not fully understood, although there are three common causes: excessive urine volume, poor sleep arousal, and bladder contractions.

Bedwetting is commonly associated with a family history of the condition

Classification:



Based on time of appearance:

Primary nocturnal enuresis (PNE): PNE means bedwetting that has been going on since childhood without a break. A child with primary nocturnal enuresis has never been dry at night for significant length of time (6 months).

Secondary nocturnal enuresis (SNE): SNE means bedwetting that starts after the child has been dry at night for a significant period of time, at least for 6 months.

Based on symptoms:

Monosymptomatic nocturnal enuresis (MNE): MNE means when the only symptom present is loss of urine during sleep without any other symptom.

Non - monosymptomatic nocturnal enuresis (NMNE): NMNE means when nocturnal enuresis is associated with

any other lower urinary tract symptom, such as urgency, urge incontinence or frequency etc. [1]

Pathophysiology:

Enuresis is usually transmitted in an autosomal dominant fashion. Chromosome 22 identified as the site of enuresis locus in Danish family in 1995. Subsequent reports link enuresis in other families to loci chromosome 8, 12, and 16. The identified gene would have to control a pathophysiologic factor such as arousal, nocturnal polyuria, or bladder capacity. Genetic factors with chromosome 12 and 13q the likely sites of the gene for enuresis. [2]

Nocturnal enuresis is clinically presented with wetting in bed at night, but there are some more features like development delay, behavior changes, abdominal pain, cloudy or pinkish urine or blood stains on underpants.

NE has taken a great toll on the life of children suffering from it. Due to nocturnal enuresis children and their families suffer from many kinds of difficulties like social, physical, pshycological, economical. Children suffers from anxiety, shame and embarrassment. Moreover, nocturnal enuresis causes profound loss of self -esteem, self-perception. Children who wet their beds report being teased by their peers or siblings and feelings of bewilderment and humiliation are common. [4]

2. Materials and Methods

The study has been conducted on patients who attended OPD and peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College and hospital, Ludhiana.

Inclusion Criteria: Patients opting for homoeopathic mode of treatment only for their illness. Patients complying regular follow up. When patients guardian had given consent. **Exclusive Criteria:** Patients with relevant anatomical abnormalities and pathological diseases. Patients failing to give regular follow up. Immuno - compromised patients. **Intervention:** Patients fulfilling the eligibility criteria were enrolled for clinical assessment and the homoeopathic intervention. A careful history was obtained

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regarding nocturnal enuresis, information regarding onset, duration, severity of nocturnal enuresis; family history, patient medical history. Medicines were prescribed after analysis and evaluation of symptoms of each case. Medicines were repeated as per individual requirement of each case and guidelines given in organon of medicine. Intervention was given to each patient and follow up was conducted after 1 month. **Statistical analysis:** Statistical analysis has been done with the help of textbook on statistics. Collected sample has been statistically studied and analysed based on paired t test. [3]

3. Results

“To study the Role of homoeopathy in nocturnal enuresis in children”, 60 cases were taken into the study: About 25 cases out of 60 show good improvement i. e.41.7 %, 16 cases i. e.26.7% show moderate improvement, 15cases i. e.25% show mild improvement, 4 cases i. e.6.6% show no improvement after receiving homoeopathic treatment.

Statistical analysis has been done with the help of paired t test. Null hypothesis stated that “Homoeopathy does not play role in treatment of nocturnal enuresis in children”. The results shows that critical t value is greater than the tabulated t value at confidence level 95%, hence it is rejected and the alternate hypothesis is accepted which states that “Homoeopathy plays a effective role in nocturnal enuresis in children”.

Medicines used: Each patient was prescribed by homoeopathic medicine according to symptom similarity, after analyzing out of which Calcarea carb. Was prescribed to 7 patients (11.6%), Causticum to 6 patients (10%), Chamomilla to 1 patient (1.6%), Cina to 4 patients (6.6%), Arsenicum album to 3 patients (5%), Belladonna to 2 patients (3.3%), Cantharis to 2 patients (3.3%), Benzoic acid to 4 patients (6.6%), Kreosotum to 4 patients (6.6%), Equisetum hym. to 2 patients (3.3%), Squilla to 1 patient (1.6%), Phosphorus to 5 patients (8.3%), Medorrhinum to 1 patient (1.6%), Apis mellifica to 1 patient (1.6%), Iodium to 1 patient (1.6%), Sulphur to 5 patients (8.3%), Sepia to 6 patients (10%), Pulsatilla nig. to 5 patients (8.3%).

4. Discussion

This exploratory study was aimed to study the role of homoeopathy in nocturnal enuresis in children. Outcome was studied in 60 patients suffering from nocturnal enuresis. Maximum no. of patients was of age 7yrs and 8 yrs. 1 patient was of 5 yrs. 8 patients of 6 yrs, 11 of 7 yrs and 8 yrs, 6 patients of 9 yrs, 9 patients of 10 yrs, 4 patients of 11 yrs, 7 patients of 12 yrs, 3 patients of 13 yrs. Out of 60, 35 patients (58.3%) had primary nocturnal enuresis and 25 patients (41.6%) had secondary nocturnal enuresis.

Homoeopathy plays an important role in treating nocturnal enuresis in children as it not only emphasis on treating the disease but the whole individual.

5. Conclusion

Nocturnal enuresis is a widespread and distressing condition that deeply impact the child's life. With the help of this exploratory study, this is proved that homoeopathy plays an important role in treating children suffering from nocturnal enuresis and helps them in leading a healthy and care free life.

References

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