Role of Homoeopathy in the Management of Nocturnal Enuresis in Children

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Abstract- Nocturnal enuresis is the occurrence of involuntary voiding at night at 5 years of age when volitional control of micturition has been and established. Nocturnal enuresis can create difficult situation for the children and as well as to their families. Enuresis is often very annoying for the children and parents and in many cases it affects the quality of the life of family. It may affect the behavioral emotional and social changes. It causes anxiety in parents, psychological disturbances in child, it can lead to behavioral problem in child because of the guilt and embarrassment a child feels. Homoeopathy has an effective management in cases of nocturnal enuresis.

Key words: Nocturnal enuresis, Children, Homoeopathy, Homoeopathic medicine.

I. INTRODUCTION

The word enuresis is originated from the Greek word Enourein which means "to void urine".[1] Enuresis is specify as a voluntary or involuntary repeated voiding of the urine into bed or clothes after the developmental age when the bladder control should be obtained. Most of the children should be obtained the bladder control during day and night at the age of 5 years.[2]

Bedwetting occurred either day time or night time and its related enuresis can create difficult situation for the children and as well as to their families of the child's ages. Nocturnal enuresis the very common chronic problem in the children with severe psychological consequences. Enuresis is frequently very annoying for the children and parents, and in many cases it affects the quality of the life of family. Loss of self-esteem, social isolation, poor school performance and psychological damage. It is a distressing condition and can have a profound effect on the child. It may affect the behavioral and emotional and social changes. Nocturnal enuresis is a usual well known "low-severity, high-prevalence" condition in pediatric patients with undue psychosocial behavior.[3]

Nocturnal enuresis is a frequent challenging problem in the pediatric age group. It is the most common form of bed wetting especially in male children. It is one of the major health issues of children in developing countries like India.[4]

II. EPIDEMIOLOGY

At the age of 5, enuresis affects about 7% of boys and 3% of girls. By age 10, the prevalence decreases to 3% in boys and 2% in girls. By 18, it drops to 1% in males and is rarely seen in females. Population-based studies conducted in India indicate that approximately 2.5% of children aged 0 to 10 years' experience enuresis.[1]

Among 5-year-old children, enuresis occurs in about 5% to 10% of cases. This rate declines to approximately 3% to 5% by the age of 10, and drops further to nearly 1% in individuals aged 15 and older.[5]

In India, the prevalence of nocturnal enuresis ranges from 7.61% to 16.3%, with the highest occurrence seen in children aged 5 to 8 years and the lowest among those aged 11 to 12. The worldwide prevalence of enuresis among children aged 6–12 years is 1.4%–28%. Overall, nocturnal enuresis tends to be more prevalent in boys than in girls.[6]

The overall rate of nocturnal enuresis is 6.7%. As the age increased, the rate of nocturnal enuresis decrease. A positive family history spot in 36.6% of children

with enuresis. It has been a neglected problem, only 20.6% of children undergo with some kind of treatment.[7]

III. ETIOLGY

1. Psychological stress

Secondary nocturnal enuresis may be caused due to psychological stress but Primary nocturnal enuresis is not usually occur due to stress. This psychological stress possibly because of such things as divorce, the death of a family member or friend, a move, a new school, a new baby in the family, or school deadlines.[8]

2. Structural and physical problems

Very few children about only 1-3% have a physical disorder causing the bedwetting. Such disorders include: urinary tract infections, anatomical abnormalities of the urinary tract, abnormal nerve control of the bladder, neurogenic bladder, spina bifida and untreated diabetes which causes excessive production of urine. Some of the possible conditions and causes of enuresis are explained in more detail below including: antidiuretic hormone deficiency, low bladder capacity, nocturnal polyuria, urge syndrome/ dysfunctional voiding, neurogenic bladder, ectopic ureter, cystitis, constipation, seizure disorder, urethral obstruction, diabetes mellitus, diabetes insipidus, heart block, and hyperthyroidism.[8]

4. Genetics

A family history of nocturnal enuresis is usually found in children with this condition. In families where only one parent had enuresis, 44% chances of children were affected and if both parents had it the child's risk increases up to 70–75%.[8]

IV. PATHOPHYSIOLOGY:

In nocturnal enuresis, the delayed development of cortical centers responsible for voluntary control over the micturition reflex results in involuntary urination during sleep.[2]

Sleep disturbances:

Children with enuresis are often described as deep sleepers, although no distinct sleep stage has been consistently linked to enuresis episodes. Bedwetting can happen during any phase of sleep. Generally, all children are hardest to wake during the first third of the night and easiest to rouse during the final third. However, children with enuresis show an even greater difficulty in waking compared to those who have normal bladder control.[2]

Nocturnal polyuria:

The primary cause of nocturnal enuresis is a decreased production of antidiuretic hormone (ADH) during night-time hours, leading to excessive urine formation. This increase in urine volume often results in children with enuresis being described as "soaking the bed."[2]

Genetic:

Influences play a significant role in nocturnal enuresis, with evidence pointing to chromosomes 12 and 13q as possible locations for the associated genes. A positive family history is commonly observed in affected children. In addition, psychological factors are frequently associated with cases of secondary enuresis.[2]

Organic causes:

Including urinary tract infections (UTIs) or obstructive uropathy, can contribute to enuresis, although these conditions are relatively rare underlying factors.[2]

Enuresis was previously seen as a primarily psychiatric disorder, but this understanding has been changed since the end of the last century, when it became clear that somatic factors, such as nocturnal polyuria is a result of vasopressin deficiency, nocturnal detrusor over activity and high arousal thresholds, all play a key role in enuresis pathogenesis. The standard view of enuresis as being the result of either (i) nocturnal polyuria or high arousal thresholds (ii) nocturnal detrusor over activity and high arousal thresholds.[9]

First, psychological/psychiatric problems are overrepresented in enuresis and might be in a minority of cases have a causal or aggravating role. Second, nocturnal polyuria is not always connected to vasopressin deficiency. Third, nocturnal detrusor over

activity is in itself pathogenetically heterogeneous, and it could be linked to constipation. Fourth, the sleep of enuretic children might be "deep" but possibly also disturbed because of obstructed airways or a distended or contracting bladder.[9]

V. TYPES

Bedwetting may be divided into 2 types:

The persistent or primary- Form of nocturnal enuresis point out to children who have been never consistently stayed dry at night. This condition is frequently linked to ineffective or inappropriate toilet training practices. For example, when parents place excessive pressure on the child to become toilet trained quickly, it can lead to resistance, where the child may unconsciously respond with night time wetting. Conversely, a lack of parental support or attentiveness to the child's needs during toilet training can hinder the development of bladder control. Additionally, psychological stress during early childhood-unrelated to toilet training-can also disrupt the child's ability to achieve night time dryness.[10]

The regressive or secondary- Type of enuresis occurs in children who begin bedwetting after having previously achieved consistent night time dryness. This form is often triggered by stressful life events, such as relocating to a new home, parental conflict, the arrival of a new sibling, or the loss of a loved one. In these cases, bedwetting is typically occasional and short-lived, with a more favorable outcome and easier management compared to children who have never developed night time continence. Regardless of the type, true medical causes are identified in only a small fraction of cases.[10]

VI. DIFFERENTIAL DIAGNOSIS

Urinary tract infection: Other urinary tract symptoms, secondary onset wetting. [11]

Detrusor instability: Daytime symptoms of the urinary frequency, urgency and urge incontinence usually with a minor degree of wetness and worse in the afternoons. [11]

Neuropathic bladder: Constant sever day time wetting, abnormal gait, abnormal perianal or lower limb neurology, palpable bladder.[11]

Ectopic ureter: Constant dribble of urine between voiding.[11]

Posterior urethral valves: poor urinary stream, daytime wetting, palpable bladder.[11]

Chronic renal disease: Chronic ill health, hypertension, palpable kidneys or bladder, anemia, polydipsia.[11]

Diabetes mellitus: Recent illness with weight loss, thirst and polydipsia.[11]

VII. DIAGNOSIS

Evaluation

A careful history helps to find out either the enuresis is primary or secondary, either any daytime symptoms are present or either any voiding difficulty is present. In cases of secondary enuresis, history must be taken to rule out the acute stressful conditions, polyuria and features of bladder irritability such as frequency and urgency.[12]

Physical examination

Physical examination must focus on spinal anomalies. If the child has a normal urinary stream with no daytime symptoms suggestive of a voiding disorder and normal physical examination, the child does not need extensive evaluation.[12]

Clinical and neurological examination

Excludes an anatomical or neurological cause for incontinence.[12]

Voiding diary

A voiding diary with frequency and volume charting of urine output and fluid intake for at least 2 days, with a record of daytime accidents, bladder symptoms and bowel habits for at least 7 days is useful. It helps to reveal children with non-monosymptomatic enuresis or polydipsia, provides information on nocturnal polyuria and helps to monitor compliance instructions and response to therapy.[12]

Urinalysis

Urinalysis to find out if there is any infection, proteinuria and glycosuria.[12]

Additional diagnostic and invasive procedures, including ultrasonography and MCU (micturating cystourethrogram), are restricted to patients with suspected neurological or urological dysfunction.[12]

VIII. TREATMENT

General advice must be given to all enuretic children but active treatment not require to begin before the age of six years. Caffeinated drinks like tea, coffee fluid intake during the day as 40% in the morning, 40% in the afternoon and 20% in the evening are advocated.[12]

The first step to treat primary nocturnal enuresis is to educate the child and parents regarding the condition and give reassurance about spontaneous resolution.[13]

The first line of treatment is often non-pharmacological, contain motivational therapy and use of alarm devices. In motivational therapy the child is reassured and give emotional support. Every attempt is construct to remove any feeling of guilt. Encouraged child for a dry night, voiding urine before going to bed and changing wet clothes and bedding. Avoid punishment and angry response.[12]

Alarm therapy includes the use of device to obtain a conditioned reaction of awakening to the sensation of a full bladder. The alarm device is composed of a small sensor attached to the child's underwear or a mat under the bed sheet and an alarm attached to the child's collar or placed at the bedside. So, whenever the child starts wetting, the sensors are activated and causing the alarm to ring. [12]

Pharmacotherapy is not that much curative, but they decrease the frequency of enuresis or temporarily settle symptoms over time up to spontaneous resolution occurs.[13]

IX. HOMOEOPATHIC APPROACH

In case of Homoeopathic approach for treating any diseases our prime focus to treat patient as a whole. Clinical classification of diseases according to Dr. Hahnemann, Dynamic diseases is derangement of the vital principle to such an abnormal state that can finish the disagreeable sensation and function.[14]

The Chronic Diseases, which spring from miasm, cannot be healed unaided, nor can real health be restored by this force alone. Using the more natural treatment, Homoeopathic physicians have been able to remove chronic disease, after examining it according to all symptoms perceptible to the senses; and the most suitable Homoeopathic remedies are selected. Their beginning was promising, the continuation less favorable and the outcome hopeless.[15]

Different miasmatic expression in nocturnal enuresis:

According to J.H. ALLEN, all over the whole urinary tract, we find latent symptoms of all the miasm of the true chronic miasm, but Psora and sycosis take an active part in the production of diseases in these organs.[16]

Psora:

Urine passes off in sleep involuntarily.[15]

In Psora, enuresis occurs in children as a result of anxiety and fear especially a fear of going to school and from other functional causes.[17]

Sycotic

In Sycotic miasm, enuresis is characterized by patient waking up during urination due to some discomfort and features of incoordination.[17]

Syphilitic

In syphilitic miasm, enuresis characterized by complete absence of the sense of realization and patient does not remember anything in the morning, lies on the wet bed and cannot be aroused.[17]

Tubercular

According to J. H. ALLEN, in tubercular children, it is involuntary urination at night as soon as they fall asleep. It is also profuse, they drench everything, foul smelling urine. Tubercular patient complains of anxiety and much loss of strength after urination.[16]

In tubercular miasm bed wetting of children soon after going to bed is tubercular with Sycotic element unless the patient wakes up during micturition, bed wetting of chronic and recurrent character; which may also be periodic and intermittent is also tubercular as is

nocturnal polyuria.[17]

Homoeopathic medicine

1. Kreosotum: This remedy is known for its effectiveness in treating bedwetting with strong smelling urine, especially in children who deeply asleep and have no control over urination during sleep.[18]

2. Silicea: Imperfect assimilation and consequent defect the nutrition and there is bloody, involuntary urine with red or yellow sediment. Nocturnal enuresis in children with worms.[18]

3. Calcarea carbonica: This remedy is indicated when children experience tenesmus of the bladder, too frequent emission of urine even in the night wetting the bed. Deep colored urine, without sediment.[19]

4. Lycopodium: Urgent want to urinate, with too frequent emission, with discharge of large quantities of pale urine. Frequent micturition by night, with scanty and rare discharges by day. Involuntary micturition.[19]

5. Phosphorus: Increased secretion of watery urine. Frequent emission of a scanty stream of urine only a small quantity each time.[19]

6. Causticum: Involuntary emission of urine in cases of children who wet the bed at night; in women.[19] It is very useful remedy in children that wet the bed.[20]

7. Natrum Muriaticum: Frequent urination and urgent want to urinate, day and night, sometimes every hour, with emission in copious amounts. Involuntary urination and sometimes passes on while coughing, walking, laughing or sneezing. Emission of urine at night. Urine is clear, with red coloured sediment that resembles brick-dust.[19]

8. Tuberculinum: Weakness, emaciation with good appetite. Must strain at stool to pass water. Bed wetting, sticky urinary sediment.[21]

9. Belladonna: Involuntary urination. On lying down or at night. Very sensitive to light, noise.[21] Dreams of passing urine and involuntary passed it.[20]

10. Pulsatilla: Involuntary urination at night, while coughing or passing flatus.[18] especially in little girls.[21] As soon as she goes to sleep urine flows away.[20]

X. CONCLUSION

Nocturnal enuresis is not only a disorder of bladder control but also a reflection of child's overall physical, emotional and developmental state. The condition usually break into considerable psychological stress, leading to low self-esteem, anxiety and social withdrawal. Therefore, successful management requires a holistic approach that goes beyond symptomatic treatment. Homoeopathic perspective, treatment prioritize an individualized approach considering the patient as a whole instead of focusing only on the symptoms. Miasmatic evaluation helps physician to individualize the prescription more accurately and choose the anti- Miasmatic medicine to act deeply to remove the root cause. Homoeopathy offers a safe, gentle and effective approach in the management of nocturnal enuresis in children.

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