

Dealing Enuresis in Children with Homoeopathy

What is Enuresis?

Enuresis is defined as normal, nearly complete evacuation of the bladder at a wrong place and time at least twice a month after 5 yr of age.

Types of Enuresis:

- 1) Primary enuresis: When the child has never been dry.
- 2) Secondary enuresis: When bedwetting starts after a minimum period of six months of dryness at night.

What causes enuresis?

- 1) More than 95% cases: delayed maturation of bladder control mechanisms.
- 2) Less than 5% cases: pathological causes:
 - i. Renal tract: urinary tract infection, urine outflow obstruction.
 - ii. Neurological: spina bifida
 - iii. Endocrine: diabetes mellitus, diabetes insipidus
 - iv. Chronic constipation.
 - v. Behavioural problems
 - vi. Abuse

How to investigate a case of enuresis?

- 1) Proper case history: To rule out acute stressful conditions, polyuria and features of bladder irritability such as frequency and urgency.
- 2) Physical examination: To rule out spinal anomalies.
- 3) Investigations:
 - ⊙ Urinalysis to rule out infection, proteinuria and glucosuria.
 - ⊙ Urine culture to rule out infection.
 - ⊙ Ultrasonography to rule out suspected urological dysfunction.
 - ⊙ MCU (Micturating Cysto-Urethrogram) are limited to patients with suspected neurological dysfunction.

How to manage a case of enuresis?

- ⊙ The cases where no organic cause is identified can be managed conservatively.
- ⊙ The cases where there is any organic cause, the treatment of the underlying cause is necessary.

Conservative management:

- ⊙ Encourage regular drinks (water), but restrict in last hour before bed.
- ⊙ Voiding before going to bed should be must and given in practice of child daily with compliance.
- ⊙ Bladder exercise: Parents should make the child to do a intermittent urination, for eg: start urination, then stop urination then again start urination in a single voiding.
- ⊙ If nocturnal enuresis is associated with arousal from sleep or disturbance, then an enuresis alarm should be considered.

Homoeopathic therapeutics:

- 1) Benzoic acid: Enuresis nocturna of delicate children; strong characteristic odor; excesses of uric acid. Urine dark brown, and the urinous odor highly intensified.
- 2) Causticum: Nocturnal enuresis with rawness and soreness of urethra. Urine involuntary: when coughing, sneezing, blowing the nose.
- 3) Equisetum hyemale: Enuresis diurna et nocturna: profuse watery urine, where habit is the only ascertainable cause. Frequent and intolerable urging to urinate, with severe pain at close of urination. Constant desire to urinate; large quantity of clear, watery urine, without >. Sharp, burning, cutting pain in urethra while urinating.
- 4) Kreosotum: Enuresis in the first part of night. Cannot get out of bed quick enough during first sleep. Dreams of urinating. Must hurry when desire comes to urinate. Offensive urine.
- 5) Magnesia phosphorica: Enuresis: nocturnal; from nervous irritation; urine pale, copious; after catheterization.
- 6) Medorrhinum: Nocturnal enuresis: passes enormous quantity of ammoniacal, high colored urine in bed every night; < by over-work or over-play, extremes of heat or cold, when the best selected remedy fails; with a history of sycosis.
- 7) Psorinum: Enuresis: from vesical paresis; during full moon, obstinate cases, with a family history of eczema.
- 8) Sepia: Enuresis: bed is wet almost as soon as the child goes to sleep (Kreos.); always during the first sleep.

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