

## APPROACH OF HOMOEOPATHY IN CASES OF NOCTURNAL ENURESIS: A REVIEW LITERATURE

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### ABSTRACT

Bed wetting, or nocturnal enuresis, is the term used to describe the uncontrollably passing urine as you sleep, it is a medical condition characterized by the involuntary release of urine during sleep. This condition is most commonly seen in children, but it can also affect adults. Bedwetting is considered normal in young children, but it becomes a concern when it persists beyond a certain age. Homoeopathy emphasizes the individualized, constitutional approach to treatment. A skilled homoeopath considers the child's unique (uncommon) symptoms, medical history, and miasmatic tendencies to select a remedy that matches their overall constitution and addresses the underlying miasmatic imbalance.

**KEYWORDS:** Nocturnal enuresis, Homoeopathic medicine, Constitutional medicines, Miasm.

**ABBREVIATIONS:** Primary Nocturnal Enuresis (PNE), Secondary Nocturnal Enuresis (SNE), Anti - diuretic hormone (ADH), Urinary Tract Infections (UTIs).

Article Received on  
15 July 2024,

Revised on 05 Aug. 2024,  
Accepted on 26 Aug. 2024

DOI: 10.20959/wjpr202417-33620



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## INTRODUCTION

Nocturnal enuresis refers to the involuntary passage of urine during sleep, commonly known as bedwetting. This condition is most frequently observed in children, but it can also affect adults. Enuresis refers to the involuntary loss of urine during sleep that occurs at least twice a week in children older than 5 years of age (or the developmental equivalent) for at least 3 months, and it is the most common urologic complaint in pediatric patients.<sup>[1,2,3,4]</sup> Bedwetting is generally considered normal in young children as they develop bladder control, but if it persists beyond a certain age, it may require attention.

## TYPES<sup>[5]</sup>

There are two primary types of nocturnal enuresis -

- **Primary Nocturnal Enuresis (PNE):** This refers to bedwetting that has been present since early childhood without a break. Children with PNE have never been consistently dry at night.
- **Secondary Nocturnal Enuresis (SNE):** This occurs when an individual, who has been consistently dry at night for a significant period, starts wetting the bed again. Secondary enuresis may be associated with various factors such as emotional stress, medical conditions, or other underlying issues.

**CAUSES<sup>[3]</sup>:** The causes of bedwetting can be multifactorial and may include:

- **Genetics:** There is evidence to suggest that bedwetting may have a genetic component, with a family history playing a role.
- **Developmental Delays:** Some children may take longer to develop night time bladder control.
- **Small Bladder Capacity:** A smaller-than-average bladder may not be able to hold urine for an entire night.
- **Hormonal Factors:** The antidiuretic hormone (ADH) plays a role in reducing urine production at night. Some children may not produce enough ADH, leading to increased urine production during sleep.
- **Psychological Factors:** Stress, anxiety, and other emotional issues can contribute to bedwetting, especially in cases of secondary enuresis.<sup>[6]</sup>
- **Urinary Tract Infections (UTIs) and other Medical Conditions:** In some cases, infections or other medical conditions affecting the urinary system may be contributing factors.

## MIASMTIC VIEW<sup>[7,8]</sup>

Nocturnal enuresis is a distressing condition that can significantly impact a child's life. Homoeopathy, offers a unique perspective on the treatment of bedwetting by considering the miasmtic approach. In homeopathy, the concept of miasm refers to underlying inherited predispositions that can contribute to the development of various diseases, including enuresis. Hahnemann, the founder of homeopathy, identified three primary miasm: Psora, Sycosis, and Syphilis. Each miasm represents a distinct disease tendency and can manifest in a variety of physical, mental, and emotional symptoms. Let's explore how homoeopathy views nocturnal enuresis and its underlying miasm:

1. **Psoric miasm:** A propensity towards chronic illnesses is linked to the psoric miasm in homoeopathy. When bedwetting occurs, a weak bladder sphincter or poor bladder control may be the presenting symptoms of the psoric miasm.
2. **Sycotic miasm:** Excess and obstruction are traits of the sycotic miasm. When nocturnal enuresis occurs, the sycotic miasm may be present if there is a history of UTIs or bladder irritation.
3. **Syphilitic miasm:** Deep-seated, damaging processes are represented by the syphilitic miasm. Syphilitic miasm may be related to nocturnal enuresis when the urinary system is structurally aberrant or when neurological problems impair bladder control.
4. **Tubercular miasm:** Sensitivity and susceptibility to infections are linked to tubercular miasm. Patients with tubercular miasm -induced bedwetting may have a history of recurrent UTIs or have compromised immune systems that impair bladder function.

## SYMPTOMS OF PSORA<sup>[9,10]</sup>

The psoric miasm in homoeopathy is associated with various chronic ailments, including nocturnal enuresis in children. Let's explore the symptoms of psora in relation to nocturnal enuresis:

- **Weak bladder sphincter:** The inability to hold urine can result in bedwetting episodes.
- **Frequent urination:** Children with nocturnal enuresis influenced by psora may also have an increased need to urinate during waking hours.
- **Thin, watery urine:** The urine passed by children with psora-related bedwetting tends to be thin and watery in consistency. This may be accompanied by an increased quantity of urine produced.
- **Generalized dryness:** While bedwetting involves involuntary urination, children with psora may exhibit signs of overall dryness.

- **Thirstlessness:** This characteristic thirstlessness can contribute to concentrated urine and potentially exacerbate bedwetting.
- **Sensitivity to cold:** The sensitivity to cold can affect the bladder's ability to retain urine, potentially leading to bedwetting during colder nights.
- **Inherited predisposition:** The psoric miasm is often associated with an inherited predisposition to chronic ailments. Children with a family history of bedwetting or other psoric conditions may be more prone to experiencing nocturnal enuresis.
- **Restlessness and anxiety:** Children with psoric tendencies may exhibit restlessness, anxiety, or an overactive mind. These mental and emotional symptoms can contribute to disturbed sleep patterns, potentially affecting bladder control during night.
- **Improved symptoms in warm environments:** Children influenced by psora may experience temporary relief from bedwetting when exposed to warm environments. This suggests a connection between temperature regulation, bladder function, and the psoric miasm.

### SYMPTOMS OF SYCOSIS<sup>[9,10]</sup>

The sycotic miasm in homoeopathy is associated with excess and blockages. When examining the symptoms of sycosis in relation to nocturnal enuresis in children, certain characteristic signs can provide insights into the underlying imbalances contributing to bedwetting. Let's explore the symptoms of sycosis in relation to nocturnal enuresis:

- **Bladder irritation:** Children with sycotic tendencies may experience bladder irritation or inflammation, leading to a frequent urge to urinate. This irritation can contribute to involuntary urination during sleep.
- **Urinary tract infections (UTIs):** Nocturnal enuresis influenced by sycosis may be accompanied by a history of recurrent UTIs. The presence of UTIs suggests an underlying susceptibility to bladder infections, contributing to bedwetting.
- **Bedwetting during or after illness:** Children with a sycotic miasm may experience bedwetting episodes during or after an illness. The body's response to illness may temporarily disrupt bladder control, resulting in involuntary urination.
- **Thick or cloudy urine:** The urine passed by children with sycosis-related bedwetting may appear thick, cloudy, or have a foul odour. These changes in urine characteristics can indicate underlying inflammation or infection.
- **Urinary urgency:** Sycotic individuals may experience a sudden and urgent need to

urinate, with little control over bladder function. This urgency can contribute to bedwetting episodes, especially during times of heightened emotional or physical stress.

- **Cravings for sweets:** Children influenced by the sycotic miasm may exhibit cravings for sweet or sugary foods. This preference for sweets can potentially exacerbate bladder irritation and contribute to bedwetting.
- **Genital or urinary system abnormalities:** In some cases, sycosis can be associated with structural abnormalities in the genital or urinary system. These abnormalities can contribute to a compromised bladder control mechanism, leading to bedwetting.
- **Increased susceptibility to allergies:** Sycotic individuals may have an increased susceptibility to allergies or hypersensitivity reactions. Allergies can contribute to inflammation in the urinary system, potentially affecting bladder control.
- **Emotional sensitivity:** Sycosis can be associated with emotional sensitivity and vulnerability. Emotional stress or anxiety can impact the nervous system and disrupt the coordination between the bladder and the brain, leading to bedwetting.
- **Improved symptoms with warm applications:** Children influenced by the sycotic miasm may experience temporary relief from bedwetting when exposed to warm applications or warm environments. This suggests a connection between temperature regulation, bladder function, and the sycotic miasm.

## HOMOEOPATHIC TREATMENT AND MANAGEMENT OF NOCTURNAL ENURESIS<sup>[10,13]</sup>

Homeopathic medicine plays a significant role in the treatment of nocturnal enuresis in children. Its holistic approach takes into account the individual's unique symptoms, miasmatic tendencies, and constitutional factors to address the underlying imbalances contributing to bedwetting. Let's explore the different approaches of homeopathic medicine in treating nocturnal enuresis:

- **Constitutional approach:** Homeopathy considers the child's overall constitution, including physical, mental, and emotional aspects. By addressing the child's constitutional imbalances, homeopathic medicine aims for comprehensive healing.
- **Miasmatic perspective:** Homeopathy considers miasmatic influences such as psora, sycosis, or syphilis in understanding the underlying imbalances contributing to bedwetting. By addressing these deeper miasmatic tendencies, homeopathic medicine aims for long-lasting results.

**1. Remedies for psoric miasm:** Homeopathic remedies like *Calcarea carbonica*, *Silicea*,

and Natrum muriaticum are often prescribed for bedwetting associated with the psoric miasm. These remedies aim to strengthen the bladder sphincter and improve bladder control.

2. **Remedies for sycotic miasm:** Remedies such as Thuja occidentalis and Medorrhinum are commonly used for bedwetting related to the sycotic miasm. These remedies target bladder irritation, reduce inflammation, and promote healthy bladder function.
3. **Remedies for syphilitic miasm:** Remedies such as Mercurius solubilis and Lycopodium are often considered for bedwetting associated with the syphilitic miasm. These remedies address structural abnormalities, nerve damage, and neurological factors affecting bladder function.
4. **Remedies for tubercular miasm:** Remedies like Tuberculinum and Phosphorus may be indicated for bedwetting influenced by the tubercular miasm. These remedies aim to strengthen the immune system, address recurrent infections, and improve bladder control.
- **Key-note approach:** Homeopathy takes into account the unique symptoms experienced by each child. Remedies are selected based on the specific (uncommon) presentation of bedwetting, such as PQRS symptoms, associated symptoms, modalities and concomitants.
- **Theurapeutic approach:** The symptom picture of each individual is compared with the symptoms of the individual. The therapeutic success depends on the selection of the correct homoeopathic medicine.

## HOMEOPATHIC MEDICINES

Several homeopathic medicines have been traditionally used for the treatment of nocturnal enuresis in children. It's important to note that individualized treatment based on the totality of symptoms is crucial in homeopathy.

1. **Causticum:** This remedy is often indicated when bedwetting occurs in children who have a history of bladder weakness, especially during the first part of the night. There may also be associated symptoms such as involuntary urination while coughing or sneezing.<sup>[14]</sup>
2. **Kreosotum:** This remedy is known for its effectiveness in treating bedwetting with strong-smelling urine, especially in children who are deeply asleep and have no control over urination during sleep.<sup>[15]</sup>
3. **Equisetum hyemale:** This remedy is indicated when children experience a frequent urge to urinate but pass only small amounts of urine. It can be useful in bedwetting cases where there is a sense of fullness or pressure in the bladder.<sup>[16]</sup>

4. **Sepia:** Sepia is often considered when bedwetting occurs in children who have weak bladder control and may experience involuntary urination during sleep, especially during the latter part of the night.<sup>[17]</sup>
5. **Cina:** This remedy is commonly used when bedwetting is accompanied by restless sleep, grinding of teeth (bruxism), and irritability in children. It is often indicated in cases associated with intestinal worms or parasites.<sup>[18]</sup>
6. **Belladonna:** Belladonna may be considered when there is sudden bedwetting during deep sleep, with redness and heat in the face. It is particularly useful when the child starts to urinate as soon as they fall asleep.<sup>[19]</sup>
7. **Silicea:** This remedy is known for its imperfect assimilation and consequent defect the nutrition and there is bloody, involuntary urine with red or yellow sediment. Nocturnal enuresis in children with worms.<sup>[15]</sup>
8. **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.<sup>[16]</sup>
9. **Natrum muriaticum:** This remedy is commonly used when there is frequent and urgent want to urinate, day and night sometimes every hour, with copious emission. Involuntary emission of urine sometimes on coughing, walking, laughing or sneezing. Nocturnal emission of urine.<sup>[16]</sup>
10. **Thuja occidentalis:** This remedy is useful when there is urging to urinate frequent and hasty. Stream interrupted. Frequent want to urinate with profuse emission of a watery urine also at night. The urine foams, the foam remains long on the urine.<sup>[16]</sup>
11. **Medorrhinum:** This medicine is very powerful and deep acting medicine, painful tenesmus when urinating. Nocturnal enuresis. Renal colic. Urine flows very slowly.<sup>[15]</sup>
12. **Mercurius solubilis:** This medicine is indicated when children experience frequent urging to urinate day and night, with copious or scanty urine. Urine causes itching, urinate more than drinks. Burning after urination, stream of urine very small. Dysuria.<sup>[20]</sup>
13. **Lycopodium:** This medicine is used when there is 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.<sup>[16]</sup>
14. **Tuberculinum:** This medicine is useful when there is weakness, emaciation with good appetite. Must strain at stool to pass water. Bed wetting, sticky urinary sediment.<sup>[20]</sup>
15. **Phosphorus:** Phosphorus is often considered when there is increased secretion of watery urine. Frequent emission of a scanty stream of urine (only a small quantity each time).<sup>[16]</sup>

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