

ENURESIS TREATED VIA HOMOEOPATHY: A CASE REPORT

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ABSTRACT

Enuresis (urinary incontinence, bedwetting) is the most common urinary symptom in children that can lead to major distress to the children and parents. It has a significant psychological impact on both child and the family. Enuresis typically presents failure to become dry after successful toilet training. It requires a different clinical approach, with a focus on treating bladder symptoms. **Case Summary:** A 11 years old female child presented with bedwetting during sleep since childhood with stomachache and salivation from mouth during sleep with teeth grinding, a complete case history was taken and therapeutic approach was done. Based on the physical and mental totality of symptoms *Cina Maratina* in 30 potency was selected and was given once a week. The case was followed by *Belladonna* in 200 potency. The case was closely followed for 2 to 3 months, which shows the effectiveness of *Belladonna* in enuresis.

KEYWORDS: Homoeopathy, Keynote approach, Enuresis, Belladonna.

INTRODUCTION

Enuresis is defined as involuntary pass of urine during sleep after the age by which bladder control should usually have been established. It shows failure to become dry after successful toilet training. Enuresis is more common in male child than in female child. An excess urine production during sleep is due to disturbances in the circadian rhythm of arginine – vasopressin (AVP) levels. Children with enuresis lack the physiological increase

in AVP levels during sleep. The psychological impact on both, the child and the family, is significant. A different clinical approach is required, with a focus on treating bladder symptoms.^{[1][2][3]}

ETIOLOGY

Based on etiology, enuresis is divided into 4 types:

1. Primary or Persistent Enuresis: In this, the child has never been reliably dry. It is often the result of inadequate toilet training either by parents who are overanxious for prompt control, or those who are not reasonably close to the child's needs, or chronic psychological stress not related to bladder training.^{[4][5]}
2. Secondary or Regressive Enuresis: In this, the development of enuresis in a child who has achieved bladder control for a period of 1 year or more, that later gets disrupted by stressful environmental events like marital conflict, death, arrival of a sibling, shifting to a new house. Bedwetting in these instances is often intermittent and transitory.^{[4][5]}
3. Diurnal Enuresis: In this, the bedwetting occurs only in the daytime, which may be with or without daytime frequency.^[5]
4. Nocturnal Enuresis: In this, the bedwetting occurs only at night and is of 3 types-^[5]
 - ❖ Monosymptomatic nocturnal enuresis
 - ❖ Nocturnal enuresis with daytime frequency
 - ❖ Nocturnal enuresis with daytime recurrence and voiding ailment.

EPIDEMIOLOGY^{[4][6]}

Enuresis is one of the most common and perplexing problems brought to the attention of the pediatrician. It is slightly more common in boys and in first born children. Prominent family tendency with no organic basis in majority of cases.

Enuresis affects 15-20% of 5 year old, 5% of 10 year old and 1-2% of 15 year old children.

It is due to delayed maturation of bladder control or emotional factors such as separation from family, death of a parent and birth of other sibling are some the examples.

PATHOPHYSIOLOGY

An enuresis episode to occur, bladder reservoir function has to be some degree extended or interrupt and the child has to remain in sleep while the detrusor muscle starts a compression and the sphincter unwinds to allow the micturition.^[7]

Three components have been proposed in the pathogenesis of enuresis:^[6]

1. Unable to wake up during sleep in response to void:
 - Clutter of brainstem excitement that permits us to wake in reaction to boosts.
 - The jumble between bladder capacity and urine formation at night.
2. Polyuria; and the causes are
 - Excessive water intake prior to bed
 - Lack of increase arginine vasopressin (AVP) production from the posterior pituitary gland.
3. Reduced Bladder Capacity; an overactive bladder is the cause, which is spontaneous, involuntary detrusor contractions during the filling phase when the detrusor muscle has to be supposedly quiescent.

GRADING^[5]

Mostly, enuresis is unnoticed until the age by which bladder control should usually have been established as the disease progress without any other symptoms except one. If symptomatic, the patient may give a history of fear, past illness, family tendency, stress and other emotional factors. The bedwetting can be graded into four types:

Type I: Monosymptomatic

Type II: Diurnal, with or without daytime frequency
Type III: Nocturnal without daytime frequency

Type IV: Nocturnal with daytime frequency and voiding symptoms.

CASE REPORT

A 11 year old female child presented at OPD at Dr. M.P.K. Homoeopathic Medical College, Hospital and Research Centre, Saipura, Sanganer, Jaipur, OPD No.3114 on 23/3/2024 with the following complaints:

Duration: Since childhood
Location: Urinary Bladder

Sensation and Complain: Bedwetting; during sleep, night as well as in daytime with stomachache and salivation from mouth during sleep with teeth grinding.

Modalities – Aggravation: when in deep sleep, junk and oily food, milk
Amelioration: Not Specific

Physical Generals Thermal reaction: Hot
Cravings: Rice

Aggravation: junk and oily food, milk
Thirst: 3-4 glass/day

Stool: Non- satisfactory; run towards washroom immediately after eating Urine: Yellow in color, 7-8 times/day

Perspiration: On hands, feet, scalp and chest; during sleep⁺Sleep: 6 hours, non- refreshing

Dreams: Dream of ghost and other fearful things; nightmares

Mental Generals

Anger⁺; fights with brother Irritable nature⁺

Talkative

Nervous and frightened **General Examination** Nutrition: Good Cachexia/Emaciation:

Present Tongue: Clean and moist **Analysis of Case**

Mental Generals	Physical Generals	Particulars
<ul style="list-style-type: none"> ➤ Anger⁺; fights with brother ➤ Irritable nature⁺ ➤ Talkative ➤ Nervous ➤ Frightened 	<ul style="list-style-type: none"> ➤ Thermal reaction: Hot ➤ Craving: Rice ➤ Aggravation: Junk and oily food, milk ➤ Thirst: 3-4 glass/day ➤ Stool: Non- satisfactory, run towards washroom immediately after eating ➤ Urine: Yellow in color, 7-8 times/day ➤ Perspiration: On hands, feet, scalp and chest; during sleep⁺ ➤ Sleep: 6 hours, non-refreshing ➤ Dreams: Dream of ghosts and other fearful things; nightmares 	<ul style="list-style-type: none"> ➤ Bedwetting; during sleep; night as well as in daytime. ➤ Aggravation: when in deep sleep ➤ Stomachache. Aggravation: junk and oily food, milk ➤ Salivation from mouth during sleep with teeth grinding

Evaluation of Case

- Anger⁺; fights with brother
- Irritable nature⁺
- Talkative
- Nervous
- Frightened
- Thermal reaction: Hot
- Craving: Rice
- Aggravation: junk & oily food, milk
- Thirst: 3-4 glass/day
- Stool: Non-satisfactory; run towards washroom immediately after eating

- Urine: Yellow in color; 7-8 times/day
- Perspiration: On hands, feet, scalp and chest; during sleep⁺
- Sleep: 6 hours, non-refreshing
- Dreams: Dream of ghost and other fearful things; nightmares
- Bedwetting; during sleep; night as well as in daytime
 - Aggravation: when in deep sleep
- Stomachache
 - Aggravation: junk & oily food, milk
- Salivation from mouth during sleep with teeth grinding

Totality of Symptoms

- Anger⁺; fights with brother
- Irritable nature⁺
- Nervous
- Frightened
- Aggravation: junk & oily food, milk
- Stool: Non-satisfactory, run towards washroom immediately after eating
- Dreams: Dream of ghost and other fearful things; nightmares
- Bedwetting; during sleep; night as well as daytime
 - Aggravation: when in deep sleep
- Stomachache
 - Aggravation: junk & oily food, milk
- Salivation from mouth during sleep with teeth grinding

Prescription with Justification

The first prescription was on 23/3/2024 *Cina Maratina* 30/ 1 Dose for 7 days. (Justification of remedy selection: According to the presenting totality and based on symptoms given in W. Boericke Materia Medica- An irritability of temper, grinding of teeth during sleep. Pain in abdomen, which allows no rest whatever. Stool incomplete and unsatisfactory.)^[8]

The next prescription was *Belladonna* 200/1 dose [EMES]. (Justification of remedy selection: Acc. to J.H. Clarke- Violent grinding of the teeth. Accumulation and flow of saliva, viscid, thick and whitish. Night terrors of children; cries out, screams, wakes frightened. Nervous anxiety, restlessness, fearful disposition)^[9]

Follow-ups

Date	Follow- ups	Prescription
30/3/2024	Stomachache was slight better and stool was satisfactory and complete; running towards washroom after eating was also slight better. Bedwetting- 10% better	Cina Maratina 30/ 1 dose Rubrum 30/ TDS* 7 days
6/4/2024	Stomachache was a lot better; stool normal but running towards washroom after eating was still there. Bedwetting- 10-20% relief	Cina Maratina 30/1 dose Rubrum 30/TDS* 7 days
13/4/2024	Stomachache absent; stool normal; no running towards washroom after eating; bedwetting – 30% relief	Cina Maratina 30/1 dose Cina Maratina 30/TDS* 7 days
20/4/2024	Stomachache- absent Stool- completely normal Bedwetting- 30% (Justification – Patient was experiencing nightmares with nervous anxiety. Wakes up frightened at night with restlessness and started crying.)	Belladonna 200/1 dose [EMES] Nihilium 30/ TDS* 7 days
27/4/2024	Bedwetting- 60-70% relief	Belladonna 200/1 dose [EMES] Nihilium 30/TDS* 15 days
13/5/2024	Bedwetting- 90% relief	Belladonna 200/1 dose [EMES] Nihilium 30/TDS* 15 days
30/5/2024	Stomachache- absent Stool- normal Bedwetting- absent	Belladonna 200/1 dose [EMES] Nihilium 30/TDS* 30 days

CONCLUSION

Homoeopathy is a specialized system of medicine that not only cures the disease but also treats the patient as a whole. In this case, the patient improves gradually after the prescription provided according to the symptoms. This case shows the effectiveness of Homoeopathy in the cases of Enuresis. This case reflects the role of history taking and the keynote approach in the improvement of patient's complaints by improving her life quality as well. Now the patient is satisfied as she got rid of her complaints.

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