

ORIGINAL RESEARCH

Nocturnal Enuresis and Homeopathy: A Case Report

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ABSTRACT

Context • Bedwetting is a socially disruptive condition that can lower an individual's self-confidence. Bedwetting is quite common in school-going children and a close correlation has been observed between the mind and physical symptoms in many cases. Reassurance and relieving the anxiety in patients can help reduce the complaints. Nocturnal enuresis in a 9-year-old girl was treated with the constitutional approach to homeopathic medicine.

Objective • This case was undertaken to assess the efficacy of individualized homeopathic medicine for managing nocturnal enuresis.

Case Summary • A 9-year-old girl came with complaints of bedwetting for the past 1 year. It was noticed that she had lost her sister who was 5 years old. The patient was

thirsty and thermally chilly. No change in bowel habits was noted. Sleep was disturbed in the first half of night due to involuntary urination. The patient had a craving for sweets and a strong aversion to milk. After a detailed analysis of the case, the homeopathic medicine *Ignatia amara* 30C was prescribed for 15 days, and satisfactory results were observed.

Result • This case was successfully treated with the selected homeopathic medicine, preventing further complications.

Conclusion • Further studies can be undertaken to assess the effectiveness of homeopathy in the management of nocturnal enuresis. (*Altern Ther Health Med*. [E-pub ahead of print.])

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INTRODUCTION

Nocturnal enuresis, also called bedwetting, is involuntary urination at bedtime and is a commonly encountered condition in the pediatric age group. Enuresis is defined as incontinence beyond the age of 4 years for daytime and 6 years for nighttime. Most children attain bladder control by the age of 5 years.^{1,2} It is classified into primary and secondary. Primary enuresis refers to a child who was previously dry for less than 6 months and secondary enuresis refers to a child who has been dry for at least 6 months.^{2,8}

Nocturnal enuresis commonly occurs below the age group of 5-15 years. The prevalence ranges from 6%-42% around the world. In India, it ranges from 7%-12.6%.⁷ The prevalence is 7% in boys and 3% in girls at the age of 5 years. 60% of children are males and there is a family history in 50% of cases.²

The major causes of enuresis in children can be genetic, physiological, psychological, related to an organic pathology, obstructive sleep apnea or idiopathic, etc. In many cases, no specific organ pathology is found. However, a complex interaction of genetic, physiological, and psychological components plays a role in the pathogenesis of enuresis.^{1,2,3}

The first line of treatment in modern medicine involves non-medication therapy. This includes motivation and the use of alarm devices. Medication should be used only if the bedwetting is causing significant distress and sleep disruption for the patient.^{1,2,4}

Homeopathic medicines have a wide range of action and are easy to consume for the pediatric age. Individualization can be done in every case and constitutional medicine can be administered based on symptom similarity. They can effectively address the genetic and psychological components involved in the pathogenesis of enuresis.¹⁰

CASE PRESENTATION

A 9-year-old girl with a fair complexion came with complaints of bedwetting for the past 1 year. Her mother narrated that she has wet nights almost 2-3 times/week even after passing urine just before she goes to sleep at night. On further questioning, it was noticed that she had lost her sister

who was 5 years old. They were very close to each other. She has started with involuntary urination since then almost every 2-3 times/week at night.

The patient was thirsty and thermally chilly. Sleep was disturbed in the first half of the night due to involuntary urination. The patient had a craving for sweets and a strong aversion to milk. She used to feel better after eating food. No change in bowel habits was noted. The patient perspired on exertion.

Mother revealed she was a very obstinate child and brilliant in studies but she would get offended very easily.

Local examination revealed no abnormality. A systemic examination was done and found to be normal.

Vital Data: Afebrile; Pulse-72 bpm.

ANALYSIS OF CASE

After a detailed analysis and evaluation of the case, a complete case study was formed. Differential remedies were compared and the remedy that covers the mental and physical symptoms was selected as the similimum.

Intervention

Medicine was given to the patient based on the presenting totality. The medication was administered as oral pills (Table 1). The potency and repetition of the dose were decided based on individualization. Medicine from the sealed bottle from the same batch and a GMP (Good Manufacturing Practice) certified standard SBL pharmacy was administered orally.

RESULTS AND DISCUSSION

Homeopathic medicines act on the mind and body according to Hahnemannian principles. The 9-year-old girl who had come with complaints of bedwetting was treated with the constitutional approach to homeopathy. Constitutional medicine takes care of the mental and physical symptoms of a patient. A constitutional approach to treatment was followed to achieve the results since it was assessed that the patient's mind had a pivotal role as a precipitating factor for enuresis.

Nocturnal enuresis is a condition that causes involuntary urination during bedtime and hampers the sleep quality of patients. This patient has been experiencing this problem for a very long time and after taking the medicine her complaints reduced. Since the past few months, the patient has not experienced this problem and reported satisfaction with the overall results of the remedy.

The final remedy was selected after comparing a similar group of remedies as follows (Table 2).¹¹

The modified Naranjo criterion was used to assess the case outcome, as shown below (Table 3).

CONCLUSION

Bedwetting is a socially disruptive condition and can cause a lack of self-esteem in children, and hamper their social behavior. Homeopathic medicines act on the mind and body. The constitutional approach includes the

Table 1. Prescription of Medicine and Assessment of Symptoms

DATE AND DAY	ASSESSMENT	PRESCRIPTION
14/5/2020 Wednesday	Frequency same	Continue Ignatia amara 30C at bedtime for 15 days
30/5/2020 Saturday	Wet nights- thrice per week	Ignatia amara 30C HS for 5 days at bedtime Saccharum Lactis three times a day for 15 days
10/6/2020 Wednesday	No complaints	Saccharum Lactis three times a day for 15 days
30/6/2020 Tuesday	No complaints	Saccharum Lactis three times a day for 15 days
14/7/2020 Tuesday	Wet nights- once a week	Ignatia amara 200C one dose in-office Saccharum Lactis three times a day for 15 days
28/7/2020 Tuesday	No wetting	Saccharum Lactis three times a day for 15 days
4/8/2020 Tuesday	Wetting once a week.	Ignatia amara 1M one dose in-office Saccharum Lactis three times a day for 15 days
20/8/2020 Thursday	Anxious due to exams.	Saccharum Lactis three times a day for 15 days
5/9/2020 Saturday	No complaints	Saccharum Lactis three times a day for 15 days
21/9/2020 Monday	No complaints	Saccharum Lactis three times a day for 15 days
3/10/2020 Saturday	Wet nights- twice per week	Ignatia amara 1M one dose in-office Saccharum lactis three times a day for 1 week
21/10/2020 Wednesday	No complaints	Saccharum lactis given for 1month
20/11/2020 Friday	No complaints	Saccharum Lactis three times a day for 15 days
4/12/2020 Friday	No complaints	The patient was taken off treatment since there were no complaints in the past 2 months. Follow-up was advised if symptoms appeared again.

Table 2. Selection of Final Remedy

<i>Ignatia amara</i>	<i>Pulsatilla nigricans</i>	<i>Equisetum hyemale</i>
Urine is involuntary at night. Effects of grief and worry. Aversion to regular food, desire for indigestible things. All complaints are better after eating.	Involuntary micturition at night. Pain in the bladder after passing urine. Burning in urethra. Timid child. Thirstless and thermally hot patient. Aversion to fatty food, warm food, and drinks.	A good remedy for nocturnal enuresis. Incontinence in children and old women. Retention and dysuria during pregnancy and after delivery.

Table 3. Modified Naranjo Criteria⁹

Domains	Yes	No	Not sure or N/A	Score for successfully treated case	Justification
Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	+2	Bedwetting was the main complaint which was reduced after medication.
Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0	+1	Yes, within 1 year there was improvement seen.
Was there an initial aggravation of symptoms?	+1	0	0	0	Not observed
Did the effect encompass more than the main symptoms (i.e., where other symptoms ultimately improved or changed)?	+1	0	0	+1	Accompanying symptoms like anxiety were reduced after the treatment.
Did overall well-being improve (suggest using a validated scale)	+1	0	0	+1	Overall well-being, improvement was excellent.
A. Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0	Not observed
B. Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual -from the top downwards?	+1	0	0	+1	Yes. Symptoms improved from organs of more importance to less importance.
Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms previously thought to have resolved) reappear temporarily during improvement?	+1	0	0	0	Not observed
Are there alternate causes (i.e., other than the medicine) that, with a high probability could have caused the improvement? (Consider the known course of disease, different forms of treatment, and other clinically relevant interventions)	-3	+1	0	+1	No, as the patient was only taking homeopathic medicines.
Did any objective evidence confirm the health improvement? (e.g., laboratory test, clinical observation, etc.)	+2	0	0	+2	The modified Naranjo criteria for outcome assessment showed a considerable improvement.
Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	+1	Yes, clinical improvement was observed as the intensity of the symptoms reduced.

physical as well as mental state of the patient. A constitutional approach to treatment was followed in this case. Since we could find the exact simillimum through proper case assessment, the patient could achieve maximum benefit and reduction in her complaints. The modified Naranjo criterion was applied and the score after treatment was 10, suggesting a causal relationship between the case and the homeopathic medicine prescribed. Furthermore, given the incidents reported, reassurance helped alleviate the patient's anxiety, boosted confidence, and improved the child's quality of life.

AUTHOR DISCLOSURE STATEMENT

'Written Informed Consent' was given by the parents, who agreed to undergo the treatment by the treating Homeopathic doctor. Consent was also taken to publish data in journals.

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