

A CLINICAL STUDY FOR EVALUATING THE UTILITY OF HOMOEOPATHIC MEDICINE IN MANAGING NOCTURNAL ENURESIS IN PAEDIATRIC AGE GROUP

DR. AMITESH KUMAR SINGH, RESEARCH SCHOLAR, FACULTY OF HOMEOPATHY, TANTIA UNIVERSITY, SRI GANGANAGAR (RAJASTHAN)

DR. D.K. BHARDWAJ, RESEARCH SUPERVISOR, FACULTY OF HOMEOPATHY, TANTIA UNIVERSITY, SRI GANGANAGAR (RAJASTHAN)

ABSTRACT :

Background :Enuresis refers to the involuntary loss of urine during sleep that occurs at least twice a week in children for at least 3 months, and it is the most common urologic complaint in paediatric patients. The main pathophysiological mechanisms involved are nocturnal polyuria, bladder dysfunction, and high arousal thresholds.

Aims- To study the utility of homoeopathic medicine managing Nocturnal Enuresis.

Material and methods: 100 Patients suffering from Nocturnal Enuresis were treated in the OPD of State National Homoeopathic Medical College & Hospital, Lucknow. Analysis & evaluation of symptoms of each case was done after case taking . Patients were prescribed using homoeopathic principles, cases were then assessed with Nocturnal Enuresis Scoring Scale every 15 days At the end conclusion was drawn on the basis of change in Nocturnal Enuresis Scoring Scale. Descriptive Statistics was used for making inference, Paired t test showed data was statistically significant.

Result : Homoeopathic treatment reduced the with Nocturnal Enuresis Scoring Scalescore of all 100 patients suggesting utility of homoeopathy in treatment of homoeopathy ,

Conclusion : Homoeopathic similimum in treatment was encouraging , In Future randomized controlled study with larger sample may be undertaken for validation of results.

Keywords : Nocturnal Enuresis , Nocturnal Enuresis Scoring Scale, Homoeopathy, Individualised medicine.

Introduction

The word enuresis (bed wetting) was evolved from a Greek word 'enourein' that means 'to urinate in'.¹ Nocturnal enuresis, also called bedwetting, is involuntary urination while asleep after the age at which bladder control usually begins.²

The term enuresis, denotes occurrence of involuntary voiding of urine after the age at which volitional bladder control attained.

Enuresis may be diurnal or nocturnal. Is not consider as abnormal if it occurs less than twice a week. After toilet trained for several years, some children occasionally wet themselves since they are preoccupied with play and postpone emptying the bladder. Anxiety of the parents are common cause for Nocturnal diuresis.

Enuresis may be primary or secondary. Primary enuresis means that the child has never been able to control voiding during night. This is also termed “persistent enuresis”. Secondary or regressive enuresis means the persistent enuresis is the cause of poor toilet training. Parental quarrelsomeness, arrival of a sibling, or a family tragedy is the precipitating factor for regressive enuresis. Organic pathology found in small proportion in both types of enuresis³.

A prospective, single arm, non randomized, open-label, observational trial conducted on 34 individuals of 5 to 18 years of age presenting with nocturnal enuresis at OPD of Calcutta homoeopathic medical college and hospital, was found homoeopathic medicine to be effective, Kreosotum was the most frequently used medicine, followed by CalcareaPhosphoricum, CalcareaCarbonica.^[4] Study conducted at the SKH Homoeopathic medical college, Beed suggested the effectiveness with Calcarea, Sulphur, Pulsatilla Sepia, Silicea, Merc, Lyco, Arsenic and Kali Bich as constitutional medicine bed-wetting^[5]

Methodology

A sample of 100 children meeting inclusion and exclusion criteria were enrolled in study , their consent was taken . Cases taking was done following homoeopathic principles ,thenrepertorisation was be done using Radar software and similimum was prescribed and follow was assessed every 15 days using Nocturnal enuresis scale.

1. Inclusion criteria-

- 5 to above age group of children of both sexes who do not suffer other disease will be as per (DSM-4) ICD-10-CM code –N39.44 with episodes for involuntary urination at least twice a week for three consecutive months.
- The patients who have given consent (parents of children who have less than 12 years)

2. Exclusion Criteria-

- Patients suffering from any organic pathology behind nocturnal enuresis an on allopathic drugs were excluded
- Patients/parents not giving the consent

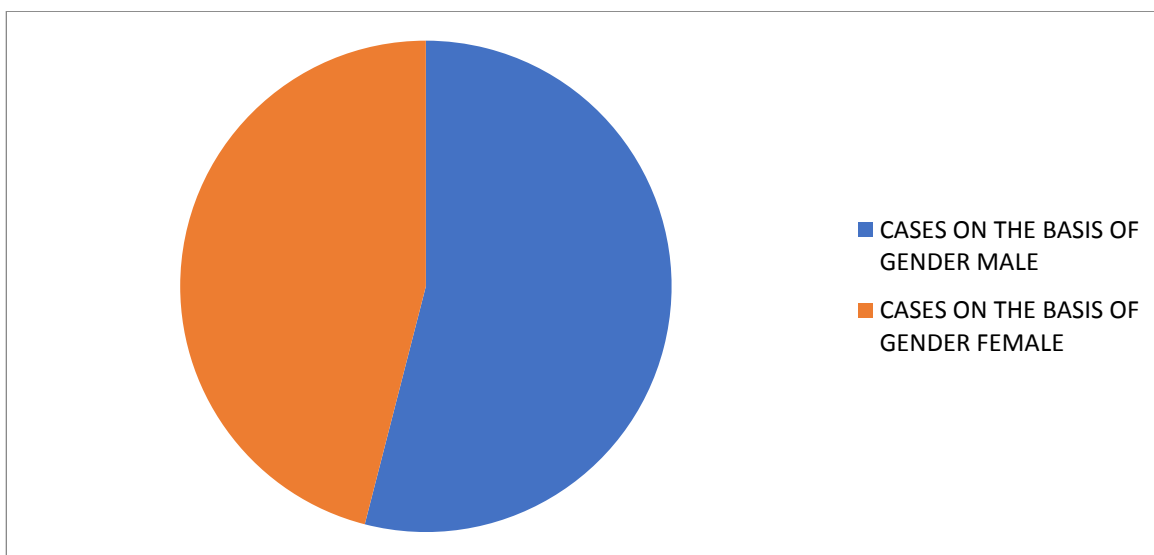
Observation & Results

Following observations were seen during the study:

Distribution of Cases as per Gender

Distribution of cases as per sex-wise was observed that out of 100 cases 54 were boys and 46 girls. It turns that boys are more likely to have nocturnal enuresis than girls. The graph below represents this data

GENDER	MALE	FEMALE	TOTAL
NO. OF THE PATIENT	54	46	100



Distribution of cases on the basis of gender

Distribution of cases as per age group:

Out of 100cases depicted in table below maximum incidence of nocturnal enuresis was found in age group 5- 8 years .

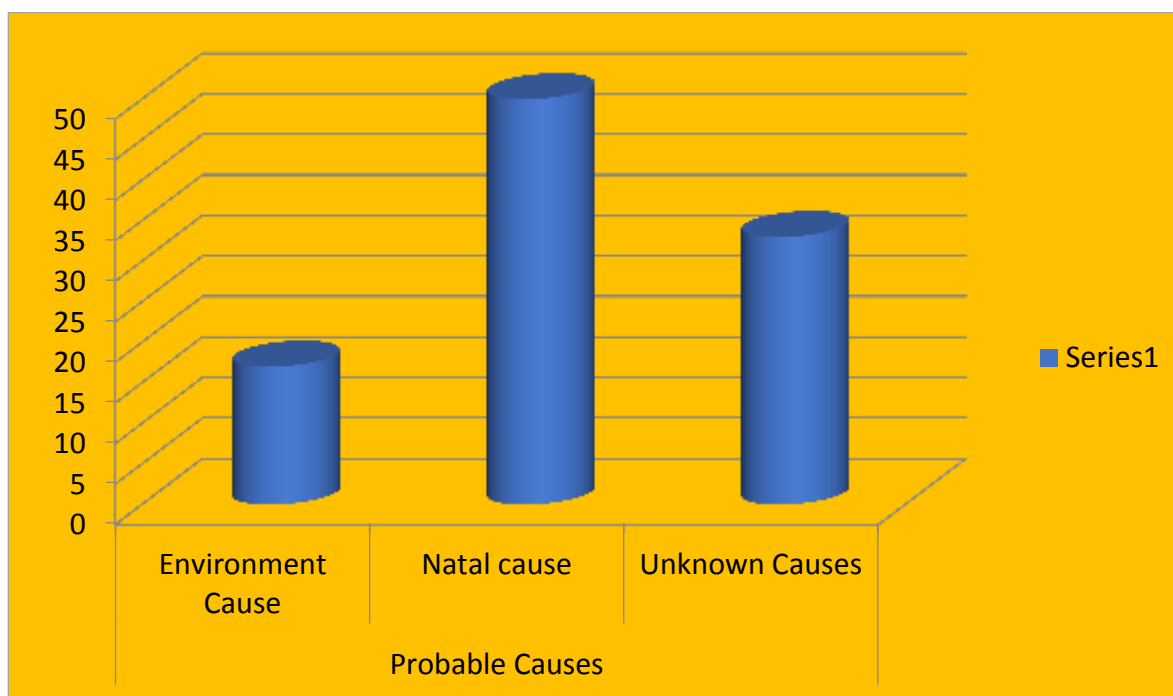
S.NO	AGE	NO.OFCA SES
1	5 years	14
2	6 years	17
3	7 years	21
4	8 years	14
5	9 years	7
6	10 years	12
7	11 years	8
8	12 years	3
9	13 years	2
10	14 years	2
11	15 years	1

Distribution of cases according to age group

Distribution Of Cases According To Probable Cause

Out of 100 cases the probable cause of patient with environmental cause are 17 (17%) , natal cause the number of patients were 50 (50 %). The number of patient of unknown causes are 33 (33%).

PROBABLE CAUSE	Environmental Cause	Natal Cause	Unknown Cause
NUMBER OF PATIENTS	17	50	33
PERCENTAGE	17 %	50 %	33 %



Distribution of cases according to probable cause

Distribution Of Cases According To Primary And Secondary Types Of Nocturnal Enuresis

There was no difference in incidence based on Primary and secondary cause

Types	Number of patients	Percentage
Primary	50	50%
Secondary	50	50%

Distribution of cases According To Primary And Secondary Types of Nocturnal Enuresis

Constitution Remedies Prescribed.

Out of 100 cases Sepia was found useful in 9 patient(9%), Calcarea carb in 4 patients (4%), and, Causticum in 12 patient and 12 (%), Sulphur in 2 patient of (2%), Mercsol in 8 patient (8%), Kreosotum in 12 patients and (12%) , Silicea in 2 patient and (2%), Pulsatilla in 5 patient and (5%), Natrum muriaticum in 5 patient and (5%), Medorrhinum in 1 patient and 3percentage, Belladonna in 7 patient and 7 percent, Cina in 5 patient and 5 percentage, Magnesium mur in 1 patient and 3 percent, Arsenic album in 1 patient and 3 percentage, Calcarea phosphoricum in 1 patient and 3 percentage as a constitutional medicines. Most frequently indicated medicine was Causticum and Kreosote each having 12% share in prescription followed by Sepia (9%), Merc Sol (8%) followed by others as indicated above.

Individualized Homoeopathic Medicine Prescribed	No. of patient	%
Sepia	9	9%
Calcarea carbonia	4	4%
Causticum	12	12%
Sulphur	2	2%
Mercsol	8	8%
Kreosotum	12	12%
Silicea	2	2%
Pulsatilla	5	5%
Natrum muriaticum	5	5%
Medorrhinum	2	2%
Belladonna	7	7%
Cina	6	6%

Remedies prescribed

Statistical Analysis

The *NOCTURNAL ENEURESIS SCORE BEFORE TREATMENT* group had higher values ($M = 13.37$, $SD = 1.86$) than the *ENEURESIS AFTER TREATMENT* group ($M = 3.91$, $SD = 1.69$). A t-test for paired samples showed that this difference was statistically significant, $t(99) = 47.73$, $p = <.001$, 95% Confidence interval [9.07, 9.85].

This results in a p-value of $<.001$, which is below the specified significance level of 0.05. The t-test result was therefore significant for the present data and the null hypothesis was rejected, showing positive effect of homoeopathic medicines in treatment of Nocturnal enuresis

Discussion

This study was conducted to assess the clinical utility of the homoeopathic treatment based on a case- by-case basis in individualizing the remedy and its effectiveness in treating patients with nocturnal enuresis and will help to gain an in-depth understanding of the available homeopathic literature and philosophy.

The study revealed that sex had no role in bedwetting as incidence amongst male and female was equal. Age group between 5-8 years were reported with max incidence of bedwetting.

Qualitative assessments were done on the basis of change in symptomatology after treatment. Change in symptoms verity was assessed by using Nocturnal enuresis scoring scale questionnaire.

Nocturnal Enuresis scale proved effective tool in assessment of the cases. Nocturnal enuresis scoring scale questionnaire is of 10 questions scale, was assessed at baseline and monthly but during analysis of data only baseline and end score was considered. There significant improvement in the scale after treatment. Paired t test was applied for statistical analysis and improvement was found significant.

Study found individualized medicine were useful in treatment of Nocturnal enuresis, Causticum and Kreosote were most often prescribed.

This was an observational single arm clinical study in which homoeopathic medicine improved the quality of life and decreased episodes of bed wetting to nil, however more of such studies are required which are Randomized control to prove the effectiveness.

The bed wetting is a big problem amongst children which not only decreases confidence of the children but also keep the parents in awkward situation when they have stay in somebody's house during night, at such times this study shows homoeopathy will serve as helping hand.

Conclusion

The study found significant reduction in episodes of bed-wetting before and after the administration of Individualized homoeopathic medicine. Nocturnal Enuresis Scoring Scale found to improve mental health of children by proper counseling . The sample size of the study was small, significant improvement was noted. Kreosotum ,Causticum, Sepia, , Natrum muriaticum, Cina, Belladonna was found to be the most indicated medicine, next to Calcarea carb, Pulsetilla, Equisetum, Silicea, .

It can be concluded that individualized homoeopathic treatment are useful in treatment cases of bedwetting. Future randomized studies should be aimed at including a large sample size and a longer study period to validate the results

Limitations & Recommendation

Because of a very sample size, and selective age group, no major statement/conclusion can be made for the population. It is desirable that future RCT studies to be done on large samples to validate the findings. A large scale randomized control trial should be conducted with control group on conventional treatment, so that efficacy of homoeopathy may be established

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