

**Nocturnal Enuresis: Parents Need To Fill A Child's Bucket Of Self Esteem So High That The Rest Of The World Can't Poke Enough Holes To Make It Dry- Case Report**Kirtika Singh¹, Priya Yadav²**Abstract**

Enuresis: It is a repeated inability to control urination as per international children's continence society (ICCS), so here enuresis is defined as urinary incontinence while asleep in a child aged at least 5 years. As per DSM-IV- R, enuresis is defined as repeated voiding of urine into the bed or clothes at least twice per week for at least three consecutive months in a child who is ≥ 5 years of age.

Keywords: Parent ,Child, ICCS, Bladder, Time

Classification Scheme of Enuresis:

Enuresis according to the time of day

Nocturnal Enuresis

Passing of urine while asleep.

• Diurnal Enuresis

Leakage of urine during the day.

According to the presence of other symptom**Mono Symptomatic**

Normal voiding occurring at night in the absence of other symptoms referable to uro Genital tract or GIT.

Polysymptomatic

The bed in bedwetting associated with daytime symptoms such as urgency, frequency, chronic constipation or encopresis.

According to the previous period of dryness.**Primary Enuresis**

Bedwetting in children who has never been dry.

Secondary Enuresis

Who has had at least 6 months of night time dryness.

Bed-Wetting

Bedwetting is a common problem in children. It is characterized by loss of bladder control at nights, which leads to the child urinating in bed itself. The issue is also known as nocturnal enuresis or involuntary urination.

The following numbers will give you a good idea of how common bedwetting is.

- 15 in every 100 children are bed-wetter's beyond 5 years.
- 7 in every 100 children wet their beds even after 7 years.
- Most disturbingly, 1 in 100 boys will continue wetting their bed even after adulthood, i.e. 18 years.

The age at which bladder control is expected varies considerably.

- Some parents expect dryness at a very early age, while others not until much later. Such a time line may reflect the culture and attitudes of the parents and caregivers.
- Factors that affect the age at which wetting is considered a problem include the following:
 - The child's gender: Bedwetting is more common in boys.
 - The child's development and maturity

Bedwetting is a treatable condition.

- While children with this embarrassing problem and their parents once had few choices except

waiting to "grow out of it," there are now treatments that work for many children.

- Several devices, treatments, and techniques have been developed to help these children stay dry at night.

Types of Bed-Wetting

Primary Bed-Wetting- this type where the child has been constantly wetting the bed since birth. It may not be every night, but if the dry spells are just a few days, then the bed-wetting is considered to be a continuous condition.

Secondary Bed-Wetting – the bed-wetting that starts up after the child has been dry night for a significant period of time, at least 6 months.

What are the causes of primary bed-wetting?

The cause is likely due to one or a combination of the following:

- The child cannot yet hold urine for the entire night.
- The child does not waken when his or her bladder is full. Some children may have a smaller bladder volume than their peers.
- The child has poor daytime toilet habits. Parents are familiar with the "potty dance" characterized by leg crossing, face straining, squirming, squatting, and groin holding that children use to hold back urine.

What are the causes of secondary bed-wetting?

Secondary bedwetting can be a sign of an underlying medical or emotional problem. Common causes of secondary bedwetting include the following:

- **URINARY TRACT INFECTION:** The resulting bladder irritation can cause lower abdominal pain or irritation with urination (dysuria).
- **DIABETES:** People with type I diabetes have a high level of sugar (glucose) in their blood.
- **Neurological problems:** Abnormalities in the nervous system.

- Emotional problems: A stressful home life, as in a home where the parents are in conflict, sometimes causes children to wet the bed.

When This Bed-Wetting Does Become A Problem?

Bedwetting is not always a problem. Also, a single isolated incident of bedwetting is not a problem at any age. As your child grows older, this issue will probably correct itself. However, it requires medical attention if:

- The bedwetting continues beyond the age of seven years.
- The child snores in the sleep.
- The child has excessive thirst.

Causations

Hormonal Problems

A hormone called anti-diuretic hormone, or ADH causes the body to produce less urine at night. But some people's bodies don't make enough ADH, which means their body may produce too much urine while they're sleeping.

Bladder Problems

Too many muscle spasms can prevent the bladder from holding a normal amount of urine, in some people with enuresis. Some teens and adults also have relatively small bladders that cannot hold a large volume of urine.

Genetics

Heredity is a causative factor of primary nocturnal enuresis has been confirmed by the identification of a gene marker. There is a dominant gene located on the chromosome 13 and another gene on chromosome 12.

Sleep Apnea

Along with a full bladder, sleep apnea can also be a cause of night time urination. One should get tested for sleep apnea if one's nocturia is happening in conjunction with daytime fatigue, maintenance insomnia, snoring, breathing difficulties, attention and memory problems, morning headaches.

Medical Conditions

Some medical conditions can trigger secondary enuresis.

Diabetes, Urinary Tract Infection (UTI) ,Constipation .

Psychological Problems

Stress can be associated with enuresis. A stressful home life, as in a home where the parents are in conflict, sometimes causes a child to wet the bed. Major changes, such as starting school, a new baby, or moving to a new home, are other stresses. Children who are being physically or sexually abused sometimes begin bedwetting.

Sleep Problems

Some children may sleep so deeply that they don't wake up when they need to urinate.

Motivational Therapy

Motivational therapy is a good first-line therapy for nocturnal enuresis in younger children who do not wet the bed every night. It is estimated to be successful in 25% of children and to lead to significant improvement in more than 70%. The relapse review of simple behavioral interventions for nocturnal enuresis, reward systems were associated with fewer wet nights, higher cure rates, and lower relapse rate than no treatment, but these results were based in single small trials.

Active Therapy

Enuresis alarms and desmopressin are effective active therapies for nocturnal enuresis. Both can be proved to be a boon or bane.

Enuresis Alarms

Enuresis alarms are most effective initial active therapy for highly motivated children and families when the child has frequent enuresis. They require a long-term commitment.

Enuresis alarms are activated when a sensor, placed in the undergarments or on a bed pad, detects moisture, the arousal devise is usually an auditory alarm and/or a vibrating belt or pager. This type of alarm should be

tailored to the child's needs and abilities. The alarms work through conditioning, the child learns to wake up or inhibit bladder contraction in response to the physiologic conditions present before wetting.

Other Interventions

Waking The Child To Urinate: These interventions involve waking the child to use the bathroom after he/she has fallen asleep.

Alarm Clocks: Older children may use an alarm clock to wake themselves. It may be possible to condition older children to wake to void by using an alarm clock.

Bladder Training: Retention control training, involving asking the child to hold his/her urine for successively longer intervals to increase bladder capacity.

What Symptoms May Be Associated With Bed-Wetting

If bedwetting continues even after the age of seven years, then the cause could be biological. Here is a list of a few of them:

- A small-sized bladder
- Lack of nervous control on the bladder
- Hormonal imbalances (specifically deficiency of Anti-Diuretic Hormone ADH)
- Infection of the urinary tract
- Sleep apnea
- Diabetes
- Constipation
- Emotional stress

When to Seek Medical Advice from Expert

- If Your Child Is 5 Or Older &Regularly Wets The Bed And It Bother You And Your Child.
- If Bed-Wetting Episodes Are Particularly Upsetting, Even If Your Child Is Younger Than 5.
- If Your Child Has Additional Symptoms With Bed-Wetting.

- If Your Child Has Suddenly Started Wetting The Bed After A Long Period Of Being Dry Night .

Here's A Home Remedy, Go Home Hey, It'll Make You Feel Better

- **Amla/Indian Gooseberry:** crush & deseed two amla . Add 1 tablespoon of honey & pinch of turmeric .Give 1 tablespoon of this mixture to your child every morning.
- **Walnuts & Raisins:** it is used to reduce the frequency of bedwetting. Many child enjoy this as tasty snack. Give it to ur child before going to the bed at night.
 - Repeat this remedy for at least a few weeks or until you see positive result.
- **Bladder Exercise:** bladder exercise help to stretch the muscle that controls the release of urine from the bladder & increase bladder capacity.
- **Honey:** many child likes the sweet taste of honey, so this can be easy remedy given to your child one spoon before going to the bed & it can also be given as honey mixed with milk in breakfast to your child.
- **Jaggery:** it has healing effect on body ,when the body remains warm from inside, the problem of bedwetting vanishes soon. Give this to your child every morning with a cup of warm milk.

Now Let's See How Homoeopathic Management Help Your Child

Homoeopathy has been found to be very successful in treating bed-wetting & medicines are safe with no side - effects at all. These are natural homoeopathic medicines.safety of medicineis a major issue when you are to give any medicine to your child. The aim of Homeopathy is to strengthen the nervous system of the body. This allows the child to gain control over the urinary bladder. The same child who had been urinating in the bed for years is able to keep the bed dry within a

matter of a couple of weeks. Homeopathy offers the best way of treating bedwetting.

Please Consult A Qualified Doctor Before Taking Any Homoeopathic Remedy.

1. Causticum

- Child is weak and wets the bed early in the night.
- There is little control over the bladder.
- Urine may escape even when the child coughs or sneezes and on slightest excitement.

2. Kreosote

- It can also be used as treatment for kidney problems.
- The urine is offensive in odor.
- The child even has dreams of urinating.

3. Cina

- The child is irritable and rubs the nose. urine is turbid and white, which turns milky on standing
- Increased appetite is another prominent symptom that indicates Cina.
- Craves for sweet, aversion to mother's milk.

4. Acid-Phos

- In cases where the child urinates profusely even while asleep.
- The child is otherwise weak and nervous.

5. Equisetum

- Occurs both day and night .
- Clear, light coloured urine.
- Stool or with clear light coloured without feeling any relief.
- It can also be used on a child having a constant urge to urinate.

Bio-Chemic Remedies

The bio-chemic theory states that diseases occur due to imbalance in vital cell salts and by giving potentised cell salts, such disturbances or imbalances can be corrected. Bio-chemic tissue salts can play an important role in the management of enuresis. They act on the physical level

maintaining the efforts of the organism to cope with the continents.

Calcarea Phos

- Urine Copious.
- Enuresis, Wetting The Bed In Young Children And In Old People, As An Intercurrent After Nat. Sulph.
- For Gravel, Calculous, Phosphatic Deposit.

Ferrum Phos

- Incontinence of urine from weakness of the sphincter muscle.
- Wetting of the bed, especially in children.
- Weakness of muscles when every cough causes the urine to spurt.

Kali Phos

- Paralysis of sphincter muscle causing inability to retain urine.
- Bed wetting in weak children, exhausted and prostrated.
- Frequent urination, or passing large quantities of watery yellow urine.

Mag Phos

- Constant urging to urinate whenever the person is standing or walking.
- Spasmodic retention of urine. Child passes large quantities of urine.
- Sand in urine.

Silicea

- Urine loaded with pus and mucus.
- Red sandy deposit of uric acid.
- Enuresis from worms and in chorea.
- Must get up at night to urinate.

Conclusion

Nocturnal enuresis is a common condition that can affect a child's self esteem. General parental knowledge of the causes and effective treatments for nocturnal enuresis is lacking. While hardly a simple task for small children to

learn, toilet training doesn't have to be an overwhelming experience for children or for their parents.

With a little knowledge, preparation, sensitivity, and creativity, a few tools and materials, a whole lot of love, patience and enthusiasm, parents can help their little ones along the winding path towards their ultimate success as a fully toilet trained children. Counseling should focus on dispelling common misconceptions about causes and treatments of nocturnal enuresis and focus on proven effective treatments.

Children's successful mastery of toilet training dramatically increases their independence, making it possible for them to attend school and community programs and to interact with school-aged peers for extended periods of time.

Health Is A Relationship between You and Your Body.....

References

1. https://en.wikipedia.org/wiki/Nocturnal_enuresis
2. [www.nhs.uk/Conditions/Bedwetting/Pages/Symptoms .aspx](http://www.nhs.uk/Conditions/Bedwetting/Pages/Symptoms.aspx)
3. <https://www.bladderandbowelfoundation.org/bladder/bladder-conditions-and-symptoms/nocturnal-enuresis/>
4. <http://www.nafc.org/adult-bedwetting/>
5. <http://www.uptodate.com/contents/nocturnal-enuresis-in-children-management/abstract/1>
6. <http://kidshealth.org/en/teens/enuresis.html>
7. <http://chealth.canoe.com/condition/getcondition/bedwetting>
8. <http://www.sleepeducation.org/sleep-disorders-by-category/parasomnias/bedwetting/symptoms-risk-factors>
9. <http://www.bedwettingtherapy.com/category/how-to-stop-bedwetting>
10. <https://www.ncbi.nlm.nih.gov/books/NBK62702/>

11. http://www.abct.org/Information/?m=mInformation&f=a=fs_BED_WETTING.
12. <http://www.mayoclinic.org>.
13. <http://www.homoeopathicdoctor.co.in>
14. <http://stopbedwetting.org>.
15. <http://homoeopathycentre.org>.

Some Reference Books

- [1]. Essential Pediatrics by O.P ghai.
- [2]. Davidson Principles and Practice of Medicine
- [3]. H.C.Allen, Allen's Keynotes.
- [4]. W. Boericke, Pocket Manual of Homoeopathic Materia Medica and Repertory