CHAPTER- 4
DATA COLLECTION, ANALYSIS AND INTERPRETATION

DATA COLLECTION

Case Record - I

Name: Miss Janki U. Patel

Age: 9 yrs. Sex: Female Education: 4th Std.
Religion/cast – Hindu/ Patel Veg / NonVeg: Veg.
Age: 42 yrs. Age: 40 yrs.
Education: B.E.Civil. Education: S.S.C.
Sibling: M- 1 F- nil.

Address (Resi.): Vijayraj Nagar, Bhavnagar.

Chief Complaints

1. Frequency of urination Day/Night- 4/2

2. Time Modality–
   
   Day & Night–< Night
   Early Part of Night
   Midnight-
   Later part of Night

3. Characteristic of Urine
   
   Profuse/Scanty- Profuse
   Offensive/Non Offensive- Non Offensive.
   Watery/High coloured- Watery.
4. Sleep
   Changing side frequently
   Wakening the child
   Not wakening the child.
   Teeth grinding-
   Talking-

5. Dreams-
   Many but can't remember.
   Dreams of water-
   Dreams of going to toilet-

6. Modalities < Aggravation
   Season: Summer, Rainy season- < Winter,
   Physical excretion after- < Drinking more water at night
   Fear after- < Drinking butter milk at night
   Excitement after-

> Amelioration
   Season- Summer, Rainy season-> Summer
   Consolation-

7. Concomitants
   Worms-
   Mental Irritation-
   Insecurity-
   Loss-
   Fear-

Patient as a person (attributes & functions)

Physical Characteristics –

<table>
<thead>
<tr>
<th>Skin - Dry</th>
<th>Hair - Silky</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nails - Pale</td>
<td>Mouth – Foul odour</td>
</tr>
<tr>
<td>Gums – Reddish,</td>
<td></td>
</tr>
<tr>
<td>Lips - Pale.</td>
<td>Teeth- Yellowish</td>
</tr>
</tbody>
</table>
Coldness: general – partial -
Heat, warmth: general partial –
Burning: general – partial –
Oedema: general – partial –
Perspiration: Quantity- Moderate. Location- Face, Chest
Odour -

**Digestion**

1. Appetite -Changeable, Sometime very hungry, sometime no food
2. Thirst – 7-9 glasses/day
5. Flatulence - 6. Nausea –

**Elimination –**

**Stool:** Color - Yellowish Consistency – semi solid with presence of worms
Odour –

**Urine:** Frequency – Day/Night- 4/2 Urging - Difficulty –
Control - Only during day

**Thermal state**

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Monsoon</th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath</td>
<td>Cold</td>
<td>Cold</td>
<td>Warm</td>
</tr>
<tr>
<td>Cover</td>
<td>Nil</td>
<td>Nil</td>
<td>One blanket</td>
</tr>
<tr>
<td>Fan</td>
<td>Fast</td>
<td>Fast</td>
<td>Slow</td>
</tr>
</tbody>
</table>

**Menstrual History**

**F.M.P -**

L.M.P –

Menses: Regular /Irregular /Continuous /Intermittent

Flow - Quantity –
Color: Consistency -
Concomitants –
Before –
Beginning –
During –
After –

**Leucorrhoea:**

<table>
<thead>
<tr>
<th>Onset -</th>
<th>Duration –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Character -</td>
<td>Concomitants/ A.F.-</td>
</tr>
</tbody>
</table>

**Prenatal history of mother**

Mental: - Irritability.

Physical: - Nil.

**Birth History of Child: Mother had FTND**

- Birth Weight– 2.8 kg.
- Neck Holding – 3 ½ months.
- Teething – 8 months
- Sphincter Control – 3 years

(a) Stool – Present
(b) Urine – cannot control during sleep.

- Development History: N.A.D.
- Fontanelle closure – 18 months
- Walking – 14 months.
- Speech – 19 months.

**Past History –**

- Worms in GIT before 3 years
- Head injury due to fall before 4 years
- Skin eruption on extremities before 8 months

**Family History –**

- Father: H/O Enuresis
- Mother: Worms, H/O Enuresis
- Brother: Worms
- Sister: Nil
G. Father: Gas trouble  
G. Mother: Joint pain  

**Physical Examination** –

Temp: 98°F  
Pulse: 74 / Min  
Weight: 25 Kg  

**Systemic Examination** – NAD  

**Investigation** –

Hb: 10 gms %  
Urine: NAD  
Stool: Cyst of E. Histolytica seen  

**Life Space**

Patient came with her mother. Mother explained her nature as moody. She can do whatever she thinks to do especially in eating and selection of food. If she prefers some food outside at one time, she will refuse same thing at another time. She is irritable and gets easily angered on slightest matter. If sometime make comments about her urination problem she feels very bad and react with anger with screaming on them. Even at school, she becomes very angry when any difference of opinion with her friends. She is clever in studies and scoring good marks. Painting and table tennis are her hobbies. Relations with parents and brother are good but she is more irritable than her brother.

Involuntary urination during sleep at night she wets bed almost every night and sometimes two times in a night. Bed wetting occurs especially during winter and when she has taken water or buttermilk at night. She has habit of bed wetting since childhood.

**Diagnoses of Miasm – Psora**

**Fundamental Miasm** –

<table>
<thead>
<tr>
<th></th>
<th>Psora</th>
<th>Sycosis</th>
<th>Tubercular</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dominant Miasm –
(a) System actively involved – Urinary system.
(b) Involvement of other system –
(c) Pathology – Functional
(d) Progress – Rapid.
(e) Present Expression – Capriciousness children, in.
   Irritability children, in
   Food and drinks, sweet desires
   Urination involuntary night, incontinence in bed

Diagnosis of Susceptibility –
   General level – High.
   Mental level- High.
   Physical level- High.
   Immunity level- High.

Auxiliary Measures –
   Diet & Regimen – Advised to stop taking water or other liquids as milk, juice,
   butter-milk etc before 2 hours of sleep.
   Advised to take plenty of green leafy vegetables, cereals and sprouted beans.

Totality of Symptoms
   Capriciousness children, in.
   Irritability children, in
   Food and drinks, sweets desires
   Urination involuntary night, incontinence in bed
Repertorization

<table>
<thead>
<tr>
<th></th>
<th>Cina</th>
<th>By</th>
<th>Phag</th>
<th>Phus</th>
<th>Rheum</th>
<th>Sep</th>
<th>Tub</th>
<th>Sc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies covered</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Rabies grades</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CAPRICIOUSNESS</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>children in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRRITABILITY</td>
<td>3</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>3</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>children in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD and drinks</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>sweets desires</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>URINATION</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
<td>1</td>
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<td>involuntary</td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>night, incontinence in bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Selection of Remedy –

Acute - Cina

Chronic -

Intercurrent-

Follow Ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Frequency of Involuntary Urine Day/Night</th>
<th>Psychological and Systemic symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-06-2010</td>
<td>0/ 1-2</td>
<td></td>
<td>Cina 200 (S.D)</td>
</tr>
<tr>
<td>7-7-2010</td>
<td>0/1</td>
<td>Irritability is same</td>
<td>Phytum</td>
</tr>
<tr>
<td>27-7-2010</td>
<td>4 times / week</td>
<td>Irritability same</td>
<td>Cina 200 (S.D)</td>
</tr>
<tr>
<td>15-8-2010</td>
<td>0/3 Involuntary urination alternate night.</td>
<td>Irritability slightly decreased</td>
<td>Phytum</td>
</tr>
<tr>
<td>30-8-2010</td>
<td>1-2 times / week</td>
<td>Irritability increased due to quarrel with friends</td>
<td>Cina 1M (S.D)</td>
</tr>
<tr>
<td>30-9-2010</td>
<td>Once / week</td>
<td>Irritability decreased</td>
<td>Phytum</td>
</tr>
<tr>
<td>25-10-2010</td>
<td>Improved</td>
<td>Improved</td>
<td>Phytum</td>
</tr>
</tbody>
</table>

Conclusion –

In this case I have prescribed cina according to mental and physical characteristic so pt. has improved in the physical complaints and also in mental irritability.
Case Record- II
Name: Miss Dipti. D. Oza.
Age: 7 Yrs.                     Sex: Female.                     Education: 2\textsuperscript{nd} Std.
Religion/cast: Hindu/Bhramin.   Veg / NonVeg: Veg.
Father: Digant Oza.             Mother: Gargi Oza.
Age: 36 yrs                    Age: 34 yrs.
Education: M.Com.               Education: B.Com.
Sibling: M- 2     F- Nil.
Address (Resi.): Kalanala, Bhavnagar.

Chief Complaints
1. Frequency of urination Day/Night – 4/1.
2. Time Modality
   Day & Night-< Night.
   Early Part of Night-
   Midnight-
   Later part of Night-
3. Characteristic of Urine
   Profuse/Scanty- Profuse.
   Offensive/Non Offensive- Non-Offensive.
   Watery/High coloured- Watery.
4. Sleep
   Sleeps on abdomen.
   Wakening the child-
   Not Wakening the child-
   Teeth grinding-
   Talking-
5. Dreams
   Dreams many but can't remember.
   Dreams of water-
   Dreams of going to toilet-
6. Modalities < Aggravation
   Season: Summer, Rainy season - < Cold season.
   Physical excretion after- < Scolding.
   Fear after- < out of station
   Excitement after-

> Amelioration
   Season- Summer, Rainy season-
   Consolation-

7. Concomitants
   Worms-
   Mental Irritation-

Patient as a person (attributes & functions)

Physical Characteristics –

Skin - Fair                  Hair - Brown
Nails - Pink                Mouth - Bitterness
Gums - Healthy              Teeth - Healthy
Lips - Pink
Coldness: general - Partial -
Heat, warmth: general - Partial –
Burning: general - Partial –
Oedema: general - Partial –
Perspiration: Quantity: Moderate Location –  Face & Back
Odour -

Digestion
Appetite - Irregular         Thirst – Very less
Eructation -                 Acidity –
Flatulence -                 Nausea –
Vomiting -                  Salivation –
Taste -                      Colic - Occasional
Desires - Sour (3) Spicy    Aversions - Milk (2), Ice-cream (3)
Elimination –

Stool: Color - Yellowish  Consistency -Soft  Odour –
Urine: Frequency –Day/Night- 4/1  Urging -
Difficulty –  Control -Only during day

Thermal state

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<td>Nil or Thin</td>
<td>Thick</td>
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<td>Fan</td>
<td>Fast</td>
<td>Fast</td>
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Menstrual History

F.M.P -

Menses: Regular /Irregular /Continuous /Intermittent
Flow -
Color: Quantity –
Concomitants –
Before –
Beginning -
During –
After –

Leucorrhoea:

Onset -
Character -
Duration –
Concomitants/ A.F. -

Prenatal history of mother

Mental: - NAD
Physical: - NAD
Birth History of Child: Mother had FTND

Birth Weight – 2.9 kg
Neck Holding – 4 Months
Teething – 9 Months
Sphincter Control – 3 ½ Years
(a) Stool – Present
(b) Urine – Can not control during sleep

Breast feeding history – Breast feed up to 11 months of age
Salivation –
Worms –
Immunization – All vaccines given.

Past History –
Mumps before 3 years
Measles in child hood
Urticaria before long period
Earache some time

Family History –
Father: H/O Enuresis in childhood
Mother: No C/O
Brother: 2 No C/O
Sister: Nil
G. Father: Gas trouble
G. Mother: Joint pain

Physical Examination –

Temp: 98 F0
Weight: 25 Kg

Pulse: 74 / Min
Tongue: Yellowish coated

Systemic Examination – NAD

Investigation – Hb – 12 gms %

Urine: NAD

Stool: NAD
Life Space -

She is coming from middle class family. She is good looking delicate and slightly obese having fair skin and looking very mild.

She has not developed control over the urinary sphincter. She wets the bed regularly at 4 – 5 times per week. Her mother told she is very sensitive and always hesitate to do anything but with support and consent of the parents, perform well. If someone tells anything she feels a lot and weeps very easily. Smallest remark makes her weep. In a way she is very sensitive. Moreover, she is mature too If parents are not instructed to do something she will not do anything abruptly. She performs her work sensitively with preciseness. Many times she arranges her furniture at home in very good way. She is cool and calm. Never quarrel with brothers but acts according to their opinion. In a study she is an average student.

Diagnosis: Primary Enuresis.

Diagnosis of Patient as a Person –

Diagnoses of Miasm – Psora

Fundamental Miasm –

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<td></td>
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</tbody>
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Dominant Miasm –

(a) System actively involved – Urinary system.
(b) Involvement of other system-
(c) Pathology – Functional.
(d) Progress – Rapid.
(e) Present Expression – Affectionate

Sensitive, children
Weeping, easily
Food and drinks milk aversion
Food and drinks ice-cream aversion
Food and drinks sour, acids desire
Urination involuntary night, incontinence in bed
Diagnosis of Susceptibility –
  General level – High.
  Mental level - High.
  Physical level - High.
  Immunity level - High.

Auxiliary Measures –
  Diet & Regimen – Restriction of fluid 2 hours before going to bed.

Totality of Symptoms

Affectionate
Sensitive, children
Weeping, easily
Food and drinks milk aversion
Food and drinks ice-cream aversion
Food and drinks sour, acids desire
Urination involuntary night, incontinence in bed

Repertorization

<table>
<thead>
<tr>
<th>Weighted Rubric covered</th>
<th>Ms</th>
<th>Gs</th>
<th>Cs</th>
<th>Vs</th>
<th>Bs</th>
<th>Os</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>7</td>
<td>11</td>
<td>10</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Rubric grades</td>
<td>7</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AFFECTIONATE</th>
<th>Mentals</th>
</tr>
</thead>
<tbody>
<tr>
<td>SENSITIVE, children</td>
<td>Mentals</td>
</tr>
<tr>
<td>WEEPING, easily</td>
<td>Mentals</td>
</tr>
<tr>
<td>FOOD and drinks milk aversion</td>
<td>Generals</td>
</tr>
<tr>
<td>FOOD and drinks ice-cream aversion</td>
<td>Generals</td>
</tr>
<tr>
<td>FOOD and drinks sour, acids desire</td>
<td>Bladder</td>
</tr>
<tr>
<td>URINATION involuntary night, incontinence in bed</td>
<td></td>
</tr>
</tbody>
</table>

Selection of Remedy –

Acute – Pulsatilla.

Chronic

Intercurrent

89
### Follow Ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Frequency of Involuntary Urine Day/Night</th>
<th>Psychological and Systemic symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-04-2010</td>
<td>0/1</td>
<td></td>
<td>Pulsatilla 30 (O.D.)</td>
</tr>
<tr>
<td>16-05-2010</td>
<td>Improved but since last week bed wetting as before the treatment.</td>
<td>Abdominal pain not eating well.</td>
<td>Phytum</td>
</tr>
<tr>
<td>30-05-2010</td>
<td>0/1 no improvement in urinary complaints.</td>
<td>No abdominal pain. Start drinking water if someone tells her.</td>
<td>Pulsatilla 200 (S.D.)</td>
</tr>
<tr>
<td>15-06-2010</td>
<td>No change in urinary complain passing everyday.</td>
<td>------------------------</td>
<td>Pulsatilla 1M (S.D)</td>
</tr>
<tr>
<td>20-08-2010</td>
<td>No. Bed wetting only if she takes soft drinks at night.</td>
<td>Thirst increased 6-7 glasses/ day.</td>
<td>Pulsatilla !M (S.D.)</td>
</tr>
<tr>
<td>30-09-2010</td>
<td>Improved</td>
<td>Improved</td>
<td>Phytum</td>
</tr>
</tbody>
</table>

### Conclusion –

I have selected Pulsatilla on the basis of mental and physical symptoms. It helps pt. in improving both mental and physical complains.
Case Record-III

Name: Miss Yamini K. Joshi.

Age: 6 Yrs.                Sex: Female.          Education: 1st Std.
Religion/cast: Hindu/Brahmin.       Veg / NonVeg: Veg.
Father: Kaushik Joshi.             Mother: Purnima Joshi.
Age: 28 Yrs.                    Age: 26 Yrs.
Education: B.ed.                 Education: P.T.C.
Sibling: M- 1  F- Nil.
Address (Resi.): Vidhyanagar, Bhavnagar.

Chief Complaints

1. Frequent of urination Day/Night – 4/1
2. Time Modality
   Day & Night<= Night
   Early Part of Night-
   Midnight-
   Later part of Night-
3. Characteristic of Urine
   Profuse/Scanty- Profuse.
   Offensive/Non Offensive- Non-Offensive.
   Watery/High coloured- Watery.
4. Sleep – Lies on abdomen.
   Wakening the child-
   Not Wakening the child-
   Teeth grinding-
   Talking-
   Dreams of water-
   Dreams of going to toilet-
6. Modalities < Aggravation
   Season: Summer, Rainy season - < Cold weather.
   Physical excretion after-< Night (2).
   Fear after-
   Excitement after-< after excitement.

> Amelioration
   Season- Summer, Rainy season-
   Consolation-

7. Concomitants
   Worms-
   Mental Irritation-
   Insecurity-
   Loss-
   Fear-

Patent as a person (attributes & functions)

Physical Characteristics –
Skin – Fair Hair – Brownish.
Nails – Pink Mouth – Bad taste
Gums – Pink Teeth – Pain- occ.
Lips - Pale
Coldness: general - Partial -
Heat, warmth: general - Partial –
Burning: general - Partial –
Oedema: general - Partial –
Perspiration: Quantity- Scanty. Location-
Odour - No staining –
Digestion

Appetite - Less          Thirst – 4 -5 glasses/day.
Eruetation-             Acidity –
Flatulence -            Nausea –
Vomiting                Salivation –
Taste -                 Colic – Occasional
Desires- Fruits (2)     Aversions – Milk (3) ice cream (2)

Elimination –
        Odor –
Urine: Frequency –Day/Night- 4/2 Urging -        Difficulty-
        Control - Only during day.

Thermal state

<table>
<thead>
<tr>
<th></th>
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</tr>
<tr>
<td>Cover</td>
<td>Nil</td>
<td>Thin</td>
<td>Thick</td>
</tr>
<tr>
<td>Fan</td>
<td>Fast</td>
<td>Slow to Moderate</td>
<td>Slow</td>
</tr>
</tbody>
</table>

Menstrual History

F.M.P -

Menses: Regular /Irregular /Continuous /Intermittent
Flow -
Color:
Concomitants –
Before –
Beginning-
During –
After –

L.M.P –

Quantity –
Consistency-
Concomitants/ A.F.-

Leucorrhoea:
Onset -
Character-
Prenatal history of mother
Mental: - NAD
Physical: -NAD

Birth History of Child: Mother had FTLSCS
Birth Weight – 3.5Kgs. Development History: NAD
Neck Holding – 4 months Fontanelle closure-17months.
Teething – 8 months. Walking – 20 months
Sphincter Control - 3½ Yrs. Speech – 2½ Yrs.
(a) Stool – Present.
(b) Urine – cannot control during sleep.
Breast feeding history – Breast feed upto 6 months of age.
Salivation – Occ. At night. Pica –
Worms - Anaemia –Present.
Immunization –All vaccines given.

Past History – Urticaria before 3 years.
Ear pain before 1 year

Family History –
Father: Hyperacidity. H/O Enuresis
Mother: Headache .H/O Enuresis
Brother: Skin complaints.
Sister: Nil
G. Father: Nil.
G. Mother: Nil.

Physical Examnation –
Temp: 98 Fº Pulse: 78 / Min
Weight: 16Kg Tongue: whitish coated
Systemic Examination – NAD

Investigation – Hb-9 gms%

Urine - NAD.

Stool- NAD.

Life Space –

Patient came with father and mother. Her parents explain as very sensitive child. She weeps at small matters and weeps even if someone scolds other child also. When anything occurs at home, she worries a lot and shares her worries and feelings with family members. If she watches horror serials in T.V. – she feels fear and may screams during sleep. She is an affectionate child and loves all the member of family. Her environment at home is protective and harmonious. She is interested in painting and listening music. She also plays with other children of her age group.

Involuntary urination during sleep she has not developed control on urination. She is passing involuntary urine in bed since childhood.

Diagnosis: Primary Enuresis.

Diagnosis of Patient as a Person –

Diagnoses of Miasm – Psora.

Fundamental Miasm –

<table>
<thead>
<tr>
<th></th>
<th>Psora</th>
<th>Sycosis</th>
<th>Tubercular</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dominant Miasm –
(a) System actively involved – Urinary system.
(b) Involvement of other system -
(c) Pathology – Functional.
(d) Progress – Rapid
(e) Present Expression – Weeping, children in worry, at the least
   Sensitive, children
   Shrieking, children, in sleep, during
   Dreams child, children about
   Food and drinks ice-cream aversion
   Food and drinks milk aversion
   Food and drinks fruit desires
   Urination involuntary night, incontinence in bed

Diagnosis of Susceptibility –
   General level – High.
   Mental level- High.
   Physical level- High.
   Immunity level- High.

Auxiliary Measures — Advised mother to pay more attention for her
   Diet & Regimen — Advised to take iron rich food and iron supplementary tablets.

Totality of Symptoms
   Weeping, children in worry, at the least
   Sensitive, children
   Shrieking, children, in sleep, during
   Dreams child, children about
   Food and drinks ice-cream aversion
   Food and drinks milk aversion
   Food and drinks fruit desires
   Urination involuntary night, incontinence in bed
Repertorization

Selection of Remedy –

Acute – Pulsatilla.

Chronic

Intercurrent

Follow Ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Frequency of Involuntary Urine Day/Night</th>
<th>Psychological and Systemic symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-2-2011</td>
<td>0/1</td>
<td></td>
<td>Pulsatilla 1M (S.D)</td>
</tr>
<tr>
<td>22-2-2011</td>
<td>0/1</td>
<td></td>
<td>Phytum</td>
</tr>
<tr>
<td>4-3-2011</td>
<td>5 times /week</td>
<td>Weeping +</td>
<td>Phytum</td>
</tr>
<tr>
<td>24-3-2011</td>
<td>Alternate night.</td>
<td>Weeps occasionally</td>
<td>Pulsatilla 1M (S.D.)</td>
</tr>
<tr>
<td>24-4-2011</td>
<td>No. Involuntary urination.</td>
<td>Weeps rarely</td>
<td>Phytum</td>
</tr>
<tr>
<td>15-5-2011</td>
<td>Improved</td>
<td>Improved</td>
<td>Phytum</td>
</tr>
</tbody>
</table>

Conclusion –

We have observed that mother is working as a teacher so she could not get enough time to look after the pt. and give her a proper toilet training moreover the pt. is very much sensitive, feels everything much deeply. So there both the things affected her and resulted into bed-wetting. By giving her a Pulsatilla we made her emotionally more stable and advised mother to pay more attention towards her. Here with the Homeopathic similimum and psychotherapy. She improved.
Case Record - IV

Name: Master Ravi S. Popat
Age: 12 Yrs. Sex: M Education: 6th Std.
Religion/cast: Hindu /Lohana Veg / NonVeg: Veg.
Father: Sanat Popat Mother: Rina Popat
Age: 40 Yrs Age: 35 Yrs
Education: B. B.A. Education: B/ Ed.
Occupation: Business Occupation: Teacher
Sibling: M- F- 1
Address (Resi): Anandnagar, Bhavnagar.

Chief Complaints

1. Frequent of urination Day/Night- 4/1
2. Time Modality
   Day & Night<- night.
   Early Part of Night-
   Midnight-
   Later part of Night-
3. Characteristic of Urine
   Profuse/Scanty- Profuse.
   Offensive/Non Offensive- Non-offensive.
   Watery/High coloured- Watery.
4. Sleep – changing side frequently (2)
   Wakening the child-
   Not Wakening the child-
   Teeth grinding-
   Talking-
5. Dreams
   Dreams of water-
   Dreams of going to toilet-
6. Modalities < Aggravation
   Season: Summer, Rainy season- < cold season, Rainy season.
   Physical excretion after-
   Fear after-
   Excitement after-

> Amelioration
   Season- Summer, Rainy season- > in summer.
   Consolation-

7. Concomitants
   Worms-
   Mental Irritation-
   Insecurity-
   Loss-
   Fear-
   Restlessness

Patent as a person (attributes & functions)

Physical Characteristics –

Skin - Itching                        Hair - Blackish
Nails - Pink                          Mouth -
Gums - Healthy                       Teeth - Painful
Lips -
Coldness: general -                  Partial -
Heat, warmth: general -              Partial –
Burning: general -                   Partial –
Oedema: general -                    Partial –
Perspiration: general – profuse after Partial: Back, Chest, extremities exercise
Odour -
**Digestion**

Appetite - Normal  
Eructation -  
Flatulence  
Vomiting  
Taste – cold milk (2)  
Desires Sweets esp. Bengali (3)  

**Thirst – 8 – 10 glasses / day**  
Acidity –  
Nausea –  
Salivation –  
Colic –  
Aversions - Meat (3)

**Elimination –**

**Stool:** Color - Yellowish  
Consistency - Soft  
Odor –  

**Urine:** Frequency – Day/Night- 4/1  
Urging -  
Difficulty –  
Control - Only During day

**Thermal state**

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Monsoon</th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath</td>
<td>Warm</td>
<td>Warm</td>
<td>Warm / Hot</td>
</tr>
<tr>
<td>Cover</td>
<td>Thick</td>
<td>Thick</td>
<td>Thick</td>
</tr>
<tr>
<td>Fan</td>
<td>Moderate</td>
<td>NIL</td>
<td>NIL</td>
</tr>
</tbody>
</table>

**Menstrual History**

**F.M.P -**  
L.M.P –

Menses: Regular / Irregular / Continuous / Intermittent  
Flow -  
Color: Quantity –  
Concomitants –  
Before –  
Beginning-  
During –  
After –
Leucorrhoea:
Onset - Duration —
Character - Concomitants/ A.F.-

Prenatal history of mother
Mental: - NAD
Physical: - NAD

Birth History of Child: Mother had FTLSCS
Birth Weight – 3.5 KG Development History: NAD
Neck Holding – 3 Months Fontanelle closure – 1 ½ Yrs.
Teething - 6 Month Walking – 1½ Yrs.
Sphincter Control -3½ Yrs. Speech – 2 Yrs.
(a)Stool – Present
(b)Urine – Can not control at night
Breast feeding history – up to 8 month of age
Salivation - Pica –
Worms - Anaemia –
Immunization –All vaccines given.

Past History –
Urticaria before 3 to 4 Yrs.
Skin eruption like small vesicular rash in childhood

Family History –
Father: NP
Mother: NP
Brother: NP
Sister: 1 NP
G. Father: Arthritis
G. Mother: Diabetes

Physical Examination –
Temp: 98.2 °F Pulse: 76 / Min
Weight: 25 Kg Tongue: Reddish
Systemic Examination – NAD

Investigation –

Urine: NAD

Hb; 12.2 gm %

Life Space -

Patient is elder son of family. He was healthy during childhood except suffered from urticaria and skin eruptions. He is 12 years of age. He is clever in studies and scoring good marks. His performance in sports is very good. In most of the sports events he comes in first five numbers. His parents are taking his good care and look after him in daily need also. They complained that since childhood he is very much restless and never seat at one place for just five minutes. As he is now grown up child and he has to study for longer period of time. He must develop patience to seat and to learn for 2 to 3 hrs. constantly. If no reason left, he goes to pass urine frequently while learning. Moreover, his habit of involuntary urine in bed makes him and parents embraced. Parents are talking these to him. He can’t realize that he has desire to pass urine during sleep and passes involuntary in bed since childhood.

Physician observed while talking patient is constantly moving his legs.

Diagnosis- Primary Enuresis

Diagnosis of Patient as a Person –

Diagnoses of Miasm –Psora

Fundamental Miasm –

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>Family History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dominant Miasm –
(a) System actively involved – Urinary system
(b) Involvement of other system
(c) Pathology – functional
(d) Progress – rapid
(e) Present Expression – Restlessness, children, in
   Food and drinks meat aversion
   Food and drinks milk desires cold
   Food and drinks sweets desires dainties
   Profuse, increased perspiration, with
   Urination dribbling by drops involuntary boys, in

Diagnosis of Susceptibility –
General level – High
Mental level - High
Physical level - High
Immunity level - High

Auxiliary Measures – parental counseling is done
Diet & Regimen – advise to take less amount of liquid before two hours of sleep.

Totality of symptoms
Restlessness, children, in
Food and drinks meat aversion
Food and drinks milk desires cold
Food and drinks sweets desires dainties
Profuse, increased perspiration, with
Urination dribbling by drops involuntary boys, in
Repertorization

Selection of Remedy –

Acute – Rhus Tox

Chronic -

Intercurrent -

Follow Ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Frequency of Involuntary Urine Day/Night</th>
<th>Psychological and Systemic symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/9/2011</td>
<td>Stopped Involuntary urination since 7 days</td>
<td>Restlessness ++</td>
<td>Rhus Tox – 1M (S.D.),</td>
</tr>
<tr>
<td>27/9/2011</td>
<td>Stopped Involuntary urination since 7 days</td>
<td>Restlessness ++</td>
<td>Phytum</td>
</tr>
<tr>
<td>12/10/2011</td>
<td>No Involuntary urination</td>
<td>Restlessness ++</td>
<td>Phytum</td>
</tr>
<tr>
<td>2/11/2011</td>
<td>Involuntary urination started since 3 days</td>
<td>Restlessness decreases</td>
<td>Phytum</td>
</tr>
<tr>
<td>22/11/2011</td>
<td>No. Involuntary urination</td>
<td>Started reading for 2 hours</td>
<td>Phytum</td>
</tr>
<tr>
<td>22/12/2011</td>
<td>No. Involuntary urination</td>
<td>Can seat at one place for long time.</td>
<td>Rhus Tox – 1M (S.D.),</td>
</tr>
<tr>
<td>22/1/2012</td>
<td>Improved</td>
<td>Improved</td>
<td>Phytum</td>
</tr>
</tbody>
</table>

Conclusion –

In this case we have observed that by prescribing Rhus Tox the child has improved in involuntary urination as well as the restlessness which is since early childhood, so Rhus Tox helped at the physical and mental both the levels.
Case Record - V

Name: Master Vivekkumar R. Rangnathan.
Age: 6 Yrs.    Sex: M    Education: 1st Std.
Religion/cast: Hindu / Marwadi    Veg / NonVeg: NonVeg.
Father: Rajubhai Rangnathan    Mother: Raniben Rangnathan.
Age: 32 Yrs    Age: 27 Yrs
Education: P.hd.    Education: M.Sc.
Sibling: M- F- 1
Address (Resi.): Anantwadi, Bhavnagar.

Chief Complaints

1. Frequent of urination Day/Night – 6/2

2. Time Modality
   Day & Night – < night.
   Early Part of Night-
   Midnight-
   Later part of Night-

3. Characteristic of Urine
   Profuse/Scanty- Profuse.
   Offensive/Non Offensive- Offensive.
   Watery/High coloured- Watery.

4. Sleep – Sound
   Wakenig the child-
   Not Wakening the child-
   Teeth grinding-
   Talking-

5. Dreams
   Dreams of water-
   Dreams of going to toilet-
6. Modalities < Aggravation

Season: Summer, Rainy season < Winter (2)
Physical excretion after < examination
Fear after < night (3).
Excitement after < Early morning.

> Amelioration

Season < Summer, Rainy season > in summer.
Consolation-

7. Concomitants

Worms-
Mental Irritation-
Insecurity-
Loss-
Fear - Of Examination.

Patent as a person (attributes & functions)

Physical Characteristics –
Skin - Fair Hair - Brownish
Nails - Pink Mouth - Sour taste
Gums - Bleeding Teeth - Painful occ.
Lips - Pink
Coldness: general - Partial -
Heat, warmth: general - Partial –
Burning: general - Partial –
Oedema: general - Partial -
Perspiration: Quantity – Scanty. Location- Forehead
Odour -
Digestion

Appetite - Increased
Eructation - Sour.
Flatulence
Vomiting
Taste –
Desires- Salt (3), Salty food, Cold milk
Aversions – Onions (3) Fish(2).

Elimination –

Stool: Color – Yellowish
Odor – Foul smelling.
Urine: Frequency – Day/Night- 6/2
Urging – Increases in winter.
Difficulty –
Control - Only During Only

Thermal state

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Monsoon</th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath</td>
<td>Cold or warm</td>
<td>Warm</td>
<td>Warm</td>
</tr>
<tr>
<td>Cover</td>
<td>Thin</td>
<td>Thin or Thick</td>
<td>Thick but throws off</td>
</tr>
<tr>
<td>Fan</td>
<td>Fast</td>
<td>Slow</td>
<td>Nil</td>
</tr>
</tbody>
</table>

Menstrual History

F.M.P -

Menses: Regular / Irregular / Continuous / Intermittent

Flow -

Color:

Concomitants –

Before –

Beginning –

During –

After –

Leucorrhoea:

Onset -

Character -

L.M.P –

Quantity –

Consistency –

Duration –

Concomitants/ A.F –
**Prenatal history of mother**
Mental: - NAD
Physical: - NAD

**Birth History of Child:** Mother had FTND.
Birth Weight – 3 KG
Neck Holding – 3 Months
Teething -9 Month
Sphincter Control -3 Yrs
(a) Stool – Present.
(b)Urine – Can not control during sleep.
Breast feeding history – up to 9 month of age
Salivation -
Worms -
Immunization –All vaccines given.

**Past History –**
Pneumonia in early childhood.
Severe vomiting at the age of 3 years.
Head injury before 6 years.
Hepatitis before 6 months.
UTI before 3 months

**Family History –**
Father: Hyper tension and chronic Bronchitis. H/O Enuresis
Mother: H/O Enuresis
Brother: Nil
Sister: 1 Worms
G. Father: Died P/H- Tuberculosis.
G. Mother: N.P.

**Physical Examination –**
Temp: 98.1°F
Weight: 15 Kg
Pulse: 78 / Min
Tongue: White coated.
**Systemic Examination – NAD**

**Investigation –**

Hb - 9.4 gm %

Urine: NAD. Stool – NAD.

**Life Space –**

Patient’s father is a scientist in Central Salt Research institute at Bhavnagar. Basically they are South Indian and their native at South India. His mother explained him as an active child and very affectionate in comparison to her daughter. He always shows affections to the family and other guests also. Mix with all and communicate well with all elders too. In school he is good and scores ranking marks. But he is very sensitive to light, noise etc. As this all such impressions make him disturbed and he can’t concentrate in his studies. He has fear of natural calamities, and especially during phase of earthquakes, he is very sensitive to poor people and disabled people. He always insists his mother to help them by giving food and money. If someone at home is ill, he takes all the care of them and feels about them.

He passes involuntary urine in bed at the time of exams, before 10-15 days of exams and If there is any incidence regarding earth quakes. He started Bed wetting, otherwise he is dry at night.

**Diagnosis: Secondary Enuresis.**

**Diagnosis of Patient as a Person –**

**Diagnoses of Miasm –** Tubercular.

**Fundamental Miasm –**

<table>
<thead>
<tr>
<th></th>
<th>Psora</th>
<th>Sycosis</th>
<th>Tubercular</th>
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<td></td>
</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dominant Miasm –
(a) System actively involved – Urinary system
(b) Involvement of other system -
(c) Pathology – functional
(d) Progress – Fast
(e) Present Expression – Affectionate
    Sympathy, compassion desire for
    Sensitive, external impression, to all
    Food and drinks onions aversion
    Food and drinks salt or salty food desires
    Food and drinks milk desires cold
    Urination involuntary night, incontinence in bed

Diagnosis of Susceptibility –
    General level – High
    Mental level - High
    Physical level - High
    Immunity level - High

Auxiliary Measures –
    Diet & Regimen – Advised to take green leafy vegetables.

Totality of symptoms
    Affectionate
    Sympathy, compassion desire for
    Sensitive, external impression, to all
    Food and drinks onions aversion
    Food and drinks salt or salty food desires
    Food and drinks milk desires cold
    Urination involuntary night, incontinence in bed
Repertorization

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Rubric grades</th>
<th>Rubric covered</th>
<th>Weighted Rubric covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFFECTIONATE</td>
<td>Mentals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SYMPATHY, compassion desire for</td>
<td>Mentals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENSITIVE, external impressions, to all</td>
<td>Mentals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD and drinks onion aversion</td>
<td>General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD and drinks fish aversion</td>
<td>General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD and drinks salt or salty food desires</td>
<td>General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD and drinks milk desires cold</td>
<td>General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URINATION: involuntary night, incontinence in bed</td>
<td>Bladder</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Selection of Remedy –

Acute – Phosphorus

Chronic –

Intercurrent –

Follow Ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Frequency of Involuntary Urine D/N</th>
<th>Psychological and Systemic symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-01-2012</td>
<td>0/2</td>
<td></td>
<td>Phosphorus 200 (S.D.)</td>
</tr>
<tr>
<td>12/03/2012</td>
<td>No Involuntary urination but started since 10 days.</td>
<td></td>
<td>Phosphorus 200 (S.D.)</td>
</tr>
<tr>
<td>28/03/2012</td>
<td>No Involuntary urination</td>
<td></td>
<td>Phytum</td>
</tr>
<tr>
<td>15/04/2012</td>
<td>Started Involuntary urination. Exams are after a week.</td>
<td>Anxiety about Exams</td>
<td>Phosphorus 200 (S.D.)</td>
</tr>
<tr>
<td>20/05/2012</td>
<td>Improved</td>
<td>No anxiety vacation period.</td>
<td>Phytum</td>
</tr>
<tr>
<td>30/02/2012</td>
<td>Improved</td>
<td>Improved</td>
<td>Phytum</td>
</tr>
</tbody>
</table>

Conclusion -

The child is highly affectionate. He is having fear of Exams, natural calamities etc, which acted as a precipitating factor for bed wetting. So we have prescribed Phosphorus according to symptoms similarity. Phosphorus helped a child to come over the fear and anxiety caused by exams and natural calamities.
Case Record -VI
Name: Miss Aparna G. Gupta
Age: 8 Yrs.                        Sex: F                        Education: 3rd Std.
Religion/cast: Hindu /Bhaiya       Veg / NonVeg: NonVeg.
Father: Ganesh Gupta               Mother: Meena Gupta
Age: 40 Yrs                        Age: 35 Yrs
Education: M.Com                   Education: B.Com
Sibling: M-1 F-                    
Address (Resi): Hill Drive, Bhavnagar.

Chief Complaints

1. Frequent of urination Day/Night – 5/l

2. Time Modality
   Day & Night–< night.
   Early Part of Night-
   Midnight-
   Later part of Night-

3. Characteristic of Urine
   Profuse/Scanty- Profuse.
   Offensive/Non Offensive- Offensive.
   Watery/High coloured- High coloured

   Wakening the child-
   Not Wakening the child-
   Teeth grinding-
   Talking-

5. Dreams
   Dreams of water- Dreams of urination.
   Dreams of going to toilet-
6. Modalities < Aggravation
   Season: Summer, Rainy season-< Cold season.
   Physical excretion after-< first sleep.
   Fear after-
   Excitement after-

> Amelioration
   Season - Summer, Rainy season- > in summer.
   Consolation-

7. Concomitants
   Worms-
   Mental Irritation-
   Insecurity-
   Loss-
   Fear-

Associated Complaints

<table>
<thead>
<tr>
<th>Complaint</th>
<th>&lt; Eating (2)</th>
<th>&lt; Cold drinks (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rapid decaying of teeth since 2 years. Blackish discolouration, some teeth have already fallen and decaying is progressing fast to normal teeth also pain (2) in teeth.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patent as a person (attributes & functions)

Physical Characteristics –

Skin - Itching
Nails - Pink
Gums - Swollen, reddish
Lips - Dry.
Coldness: general -
Heat, warmth: general -
Burning: general -
Oedema: general -
Perspiration: Quantity – Moderate.

Hair - Blackish
Mouth - Putrid odour
Teeth – Decay, Painful.
Partial -
Partial –
Partial –
Partial -
Location- Black.

Digestion

Appetite – Normal
Eructation -
Flatulence
Vomiting
Taste – Bitter taste
Desires- Sweets (2), Chocolates (2), Ice Cream (2), Cold drink
Aversions – Hot soups

Thirst – 4-7 glasses/day
Acidity –
Nausea –
Salivation –
Colic –

Elimination –

Stool: Color - Yellow
Odor –
Urine: Frequency – Day/Night-5/l
Difficulty –

Consistency - Soft
Urging –
Control - Only During Only

Thermal state

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Monsoon</th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath</td>
<td>Cold</td>
<td>Warm</td>
<td>Warm</td>
</tr>
<tr>
<td>Cover</td>
<td>One Thin</td>
<td>One Thin</td>
<td>Blanket</td>
</tr>
<tr>
<td>Fan</td>
<td>Fast</td>
<td>Slow</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Menstrual History

F.M.P -
Menses: Regular /Irregular /Continuous /Intermittent
Flow -
Color -
Concomitants -
Before -
Beginning -
During -
After -

L.M.P -
Quantity -
Consistency -

Leucorrhoea:
Onset -
Character -
Duration -
Concomitants/ A.F. -

Prenatal history of mother
Mental: - NAD
Physical: - NAD

Birth History of Child: Mother had FTND.
Birth Weight – 2.9KG
Neck Holding – 4 Months
Teething - 10 Month
Sphincter Control -3 ½ yrs.
(a)Stool – Present.
(b)Urine – Not during sleep.
Breast feeding history – up to 8 month of age
Salivation -Occ. At night
Worms -
Immunization – All vaccines given.
Development History: N.A.D.
Fontanelle closure – 18 months.
Walking – 12 months.
Speech – 2 Yrs.
Past History –
Teeth decay- Teeth filling by Dentist.
Excoriation in vagina before 2 yrs.
Mumps before 3 yrs.

Family History –
Father: Joint pain.
Mother: Leucorrhea, recurrent with U.T.I
Brother: Healthy
Sister: Nil
G. Father: Heart trouble.
G. Mother: Joint pain.

Physical Examination –
Temp: 98.0 F⁰    Pulse: 78 / Min
Weight: 20 Kg    Tongue: White coated.

Systemic Examination – NAD

Investigation –
Hb – 12.0gm %
Urine: NAD.    Stool – NAD.

Life Space –
Pt. is studying in third standard and very much active. She takes part in school programs and also in sports. By nature she is irritable as if someone teases her she becomes very angry on that person and can take revenge by doing harm to that person. Her mother told that she is so active that she will not stay still for at least 5-10 mins. Many times they have to instruct her to remain calm. They have received complaints from school teacher that she is good at her studies but very naughty and moves constantly in class if teacher is out of class even for 5 mins.

For urination they tried to wake her at night but it is difficult to wake her up as she is in deep sleep. She has complained of bed wetting since child hood.
**Diagnosis:** Primary Enuresis.

**Diagnosis of Patient as a Person** –

**Diagnosis of Miasma** – Psora.

**Fundamental Miasma** –

<table>
<thead>
<tr>
<th>Past Event</th>
<th>Psora</th>
<th>Sycosis</th>
<th>Tubercular</th>
<th>Syphilis</th>
</tr>
</thead>
</table>

**Dominant Miasma** –

(a) System actively involved – Urinary system

(b) Involvement of other system – Decayed teeth

(c) Pathology – functional

(d) Progress – Rapid

(e) Present Expression – Restlessness, children in

- Irritability, children in
- Caries, decayed, hollow general rapid
- Caries, decayed, hollow general premature in children
- Urination involuntary children, in difficult to wake
- Urination involuntary night, incontinence in bed

**Diagnosis of Susceptibility** –

- General level – High
- Mental level - High
- Physical level - High
- Immunity level - High

**Auxiliary Measures** –

- Diet & Regimen – Advised to brush the teeth twice a day. Thoroughly gargle the mouth after taking food. Stop to take chocolates and sweets.
Totality of symptoms

Restlessness, children in
Irritability, children in
Caries, decayed, hollow general rapid
Caries, decayed, hollow general premature in children
Urination involuntary children, in difficult to wake
Urination involuntary night, incontinence in bed

Repertorization

<table>
<thead>
<tr>
<th>Weighted</th>
<th>Kneos</th>
<th>Calc-P</th>
<th>Caust</th>
<th>Phos</th>
<th>Sep</th>
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</tbody>
</table>

RESTLESSNESS, children in
IRRITABILITY children in
Caries, decayed, hollow General rapid
Caries, decayed, hollow General premature in
URINATION involuntary children, in difficult to wake
URINATION involuntary night, incontinence in bed

Selection of Remedy –

Acute – Kreosotum.
Chronic –
Intercurrent –
### Follow Ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Frequency of Involuntary Urine Day/Night</th>
<th>Psychological and Systemic symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-07-2011</td>
<td>0/1</td>
<td></td>
<td>Kreosotum 30(T.D.S.)</td>
</tr>
<tr>
<td>27-07-2011</td>
<td>5 times/week</td>
<td>Toothache-improved</td>
<td>Kreosotum 30(T.D.S.)</td>
</tr>
<tr>
<td>17-8-2011</td>
<td>3 times /week.</td>
<td>No toothache</td>
<td>Phytum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mentally improved</td>
<td></td>
</tr>
<tr>
<td>10-9-2011</td>
<td>No Involuntary urination</td>
<td></td>
<td>Phytum</td>
</tr>
<tr>
<td>30-9-2011</td>
<td>No Involuntary urination</td>
<td>Toothache-intense. Becomes calm can sit at one place for long time</td>
<td>Kreosotum 200 (O.D.) &amp; Phylum</td>
</tr>
<tr>
<td>20-10-2011</td>
<td>Improved</td>
<td>Improved</td>
<td>Phytum</td>
</tr>
</tbody>
</table>

### Conclusion -

We have observed that by considering both the physical and mental state of a child. We have prescribed a similimum, which was capable of curing both physical and mental complain of the child.
Case Record - VII

Name: Master Abhishek R. Bhatt.

Age: 8 Yrs.        Sex: F        Education: 3rd Std.

Religion/cast: Hindu / Brahmin        Veg / NonVeg: Veg.

Father: Ramesh Bhatt.        Mother: Rita Bhatt.

Age: 35 Yrs        Age: 32 Yrs

Education: M.B.B.S.        Education: B.Com

Occupation: Service.        Occupation: House wife

Sibling: M- F- 2 sisters

Address (Resi.): Crescent, Bhavnagar.

Chief Complaints

1. Frequent of urination Day/Night – 4/1

2. Time Modality < noon
   
   Day & Night < night.
   Early Part of Night
   Midnight--
   Later part of Night-

3. Characteristic of Urine
   
   Profuse/Scanty- Profuse.
   Offensive/Non Offensive- Non-Offensive.
   Watery/High coloured- Watery

4. Sleep –
   
   Wakening the child-
   Not Wakening the child-
   Teeth grinding-
   Talking-

5. Dreams
   
   Dreams of water- Dreams of playing with friends, picnics etc.
   Dreams of going to toilet-
6. Modalities < Aggravation
    Season: Summer, Rainy season - < Rainy season.
    Physical excretion after - < Before examination
    Fear after -
    Excitement after -

> Amelioration
    Season - Summer, Rainy season -
    Consolation - > by consolation.

7. Concomitants
    Worms -
    Mental Irritation -
    Insecurity -
    Loss -
    Fear -

Patent as a person (attributes & functions)
Physical Characteristics –
Skin - Pallor
Nails - Pale +
Gums - Pink
Lips - Dry.
Coldness: general -
Heat, warmth: general -
Burning: general -
Oedema: general -
Perspiration: Quantity – Moderate.
Odour – N.P.

Digestion
Appetite – Good
Eruitcation -
Flatulence
Vomiting

Thirst – Drinks less
Acidity –
Nausea –
Salivation –
Taste –  
Desires-Butter, bread  
**Elimination –**  
**Stool:** Color - Yellow  
Odor –  
**Urine:** Frequency –D/N- 4 /1  
Difficulty –  
Consistency - hard  
Urging –  
Control - Only During day.  
**Thermal state**  
<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Monsoon</th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bath</strong></td>
<td>Cold</td>
<td>Warm</td>
<td>Warm</td>
</tr>
<tr>
<td><strong>Cover</strong></td>
<td>Nil</td>
<td>Nil</td>
<td>Throws off</td>
</tr>
<tr>
<td><strong>Fan</strong></td>
<td>Fast</td>
<td>Fast</td>
<td>Slow</td>
</tr>
</tbody>
</table>

**Menstrual History**  
**F.M.P -**  
Menses: Regular /Irregular /Continuous /Intermittent  
Flow -  
Color:  
Concomitants –  
Before –  
Beginning-  
During –  
After –  
Leucorrhoea:  
Onset -  
Character-  
Duration –  
Concomitants/ A.F.-  
**L.M.P –**  
Quantity –  
Consistency-

**Prenatal history of mother**  
Mental: - Became more sensitive during Pregnancy.  
Physical: - NAD.
**Birth History of Child:** Mother had FTLSCS

Birth Weight – 3.5KG  
Development History: NAD.

Neck Holding – 3 Months  
Fontanelle closure – 18 months

Teething – 7 Month  
Walking – 19 months

Sphincter Control -3 Yrs.  
Speech – 2 Yrs.

(a) Stool – Present.

(b) Urine – cannot control during sleep.

Breast feeding history – up to 16 month of age

Salivation - Occ. At night  
Pica –

Worms –  
Anaemia

Immunization – All vaccines given

**Past History** –

Fracture of right hand due to accident.

Chronic Rhinitis cured with Ayurvedic treatment before 4 yrs.

Anaemia before 4 years.

**Family History** –

Father: Hyper-tension H/O Enuresis

Mother: H/O Enuresis

Brother: No.

Sister: Two N.P.

**Physical Examination** –

Temp: 98.2 F  
Pulse: 76 / Min

Weight: 25 Kg  
Tongue: Whitish coated.

**Systemic Examination** – NAD

**Investigation** –

Hb – 10.0 gm %

Urine: NAD  
Stool – NAD.
**Life Space –**

Pt. is a child of a general practitioner. His father has tried Allopathic medicines for his urinary complaints but sometimes he responded to medicines and then again complains started. So he decided to take Homeopathic treatment.

Patient's mother told that he is suffering from recurrent rhinitis since birth treated with Ayurvedic medicine now there is less frequency of rhinitis. Patient is very mild and sober. He is very innocent child. He is very much sentimental. When he watches any T.V. serial animal suffering from diseases, he feels more about it. He is also sensitive to beggars on road and tell mother to give them something. Sometimes he helps his friends at school and gives them his breakfast and remains hungry.

He is not ready to sleep alone at his bed room but always insist to sleep with parents in same bed room. As parents are trying to train him to sleep alone at his bed room since a year, he started passing urine more frequently. His sisters are not so. As they are younger to him they sleep alone with grand parents at their room. Patient always tries to remain with his parents and if he has to go to some place he insists his mother to be with him. He is clever at school.

Involuntary urination during sleep at noon and night continuous since childhood and aggravate during rainy season. But frequency is decreases up to 2-3 times /week during summer. Since last 2 years frequency is increased and he passes on every day (if he sleeps during noon) and night or 3-4 times a week.

**Diagnosis:** Primary Enuresis.

**Diagnosis of Patient as a Person –**

**Diagnoses of Miasm – Psora.**

**Fundamental Miasm –**

<table>
<thead>
<tr>
<th></th>
<th>Psora</th>
<th>Sycosis</th>
<th>Tubercular</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dominant Miasm –
(a) System actively involved – Urinary system
(b) Involvement of other system -
(c) Pathology – functional
(d) Progress – Fast.
(e) Present Expression – Affectionate
   Sympathy, compassion desire for
   Fear alone, of being
   Food and drinks bread desires butter, and
   Food and drinks butter desires
   Moles
   Urination involuntary night, incontinence in bed

Diagnosis of Susceptibility –
   General level – High
   Mental level - High
   Physical level - High
   Immunity level - High

Auxiliary Measures –
   Diet & Regimen – Advised to take green leafy vegetables.
   Restriction of liquid 2 hours before sleep.

Totality of symptoms
   Affectionate
   Sympathy, compassion desire for
   Fear alone, of being
   Food and drinks bread desires butter, and
   Food and drinks butter desires
   Moles
   Urination involuntary night, incontinence in bed
Repertorization

<table>
<thead>
<tr>
<th>Rubric covered</th>
<th>Rubric grade</th>
<th>Date 1</th>
<th>Date 2</th>
<th>Date 3</th>
<th>Date 4</th>
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<td></td>
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<tr>
<td>SYMPATHY, compassion desire for</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEAR alone, of being</td>
<td>1 1 1 1 1 1 1 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD and drinks bread desires butter, and</td>
<td>1 1 1 1 1 1 1 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FOOD and drinks butter desires</td>
<td>1 1 1 1 1 1 1 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOLES</td>
<td>Skin</td>
<td>3 1 1 1 1 1 1 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>URINATION involuntary night, incontinence in bladder</td>
<td>3 1 3 3 3 3 2 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Selection of Remedy –

Acute – Pulsatilla

Chronic -

Intercurrent -

Follow Ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Frequency of Involuntary Urine Day/Night</th>
<th>Psychological and Systemic symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-02-2013</td>
<td>-----------------</td>
<td>-----------------</td>
<td>Pulsatilla 1M (S.D.)</td>
</tr>
<tr>
<td>2-03-2013</td>
<td>Involuntary urination 4 times/week</td>
<td>Thirst diminished</td>
<td>Phytum</td>
</tr>
<tr>
<td>24-4-2013</td>
<td>Stopped Involuntary urination</td>
<td>Started sleeping alone in another room</td>
<td>Phytum</td>
</tr>
<tr>
<td>28-5-2013</td>
<td>Started again Involuntary urination since 1 week</td>
<td></td>
<td>Pulsatilla 1M (S.D.)</td>
</tr>
<tr>
<td>15-6-2013</td>
<td>No c/o Involuntary urination</td>
<td></td>
<td>Phytum</td>
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<tr>
<td>30-6-2013</td>
<td>No c/o Involuntary urination</td>
<td></td>
<td>Phytum</td>
</tr>
<tr>
<td>12-8-2013</td>
<td>Improved</td>
<td>Improved</td>
<td>Phytum</td>
</tr>
</tbody>
</table>

Conclusion –

In this case we can see that when child is under stress before examination. So the frequency of Nocturnal Enuresis is increases. Fear and psychological stress are the responsible causes for Nocturnal Enuresis. We have prescribed simillimum which has helped pt. to improve mentally and physically.
Case Record -VIII

Name: Master Nirav B. Shah.
Age: 7yrs.  Sex: M  Education: 2nd Std.
Religion/cast: Hindu /Bania  Veg / NonVeg: Veg.
Father: Bharat Shah  Mother: Jayshree Shah
Age: 38 Yrs  Age: 35 Yrs
Education: M.Com  Education: B.Com
Occupation: Accountant  Occupation: Clerk in Private firm.
Sibling:  M- 1  F- 1
Address (Resi.): Gayatrinagar, Bhavnagar.

Chief Complaints

1. Frequent of urination Day/Night- 5/2

2. Time Modality
   Day & Night-< night.
   Early Part of Night-< soon after going to bed.
   Midnight-< before mid-night
   Later part of Night-

3. Characteristic of Urine
   Profuse/Scanty- Profuse.
   Offensive/Non Offensive- Offensive.
   Watery/High coloured- Watery

4. Sleep –Sleep on abdomen.
   Wakening the child-
   Not Wakening the child-
   Teeth grinding-
   Talking-

5. Dreams- Dreams of Ghosts, school friends
   Dreams of water-.
   Dreams of going to toilet- Dreams of urinating, terminates into
   involuntary passage of urine.
6. Modalities < Aggravation

Season: Summer, Rainy season- < cold drinks, Rainy season.

Physical excretion after-
Fear after-
Excitement after-

> Amelioration

Season- Summer, Rainy season- > in summer.
Consolation- > by consolation.

7. Concomitants

Worms-
Mental Irritation-
Insecurity-
Loss-
Fear-

Patent as a person (attributes & functions)

Physical Characteristics –

Skin - Pale        Hair - Blackish
Nails - Pale       Mouth - Foul smelling
Gums - Unhealthy   Teeth – Unhealthy
Lips - Pale
Coldness: general - Partial -
Heat, warmth: general - Partial –
Burning: general - Partial –
Oedema: general - Partial -
Perspiration: Quantity – Moderate. Location- Head, Chest.
Odour –

Digestion

Appetite – Normal     Thirst – 5-7 glasses/day
Euraction -           Acidity –
Flatulence            Nausea –
Vomiting              Salivation –
Taste – Bitter taste

Desires- Sweets, Chocolates

Aversions – Bitter.

Elimination –

Stool: Color -Yellow

Odor –

Urine: Frequency –Day/Night- 5/1

Difficulty –

Consistency - Soft

Urging –

Control - Only During day

Thermal state

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Monsoon</th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath</td>
<td>Cold</td>
<td>Warm</td>
<td>Warm</td>
</tr>
<tr>
<td>Cover</td>
<td>Nil</td>
<td>Thin</td>
<td>Thick</td>
</tr>
<tr>
<td>Fan</td>
<td>Fast</td>
<td>Moderate</td>
<td>Nil</td>
</tr>
</tbody>
</table>

Menstrual History

F.M.P -

L.M.P –

Menses: Regular /Irregular /Continuous /Intermittent

Flow -

Quantity –

Color:

Consistency-

Concomitants –

Before –

Beginning-

During –

After –

Leucorrhoea:

Onset -

Duration –

Character-

Concomitants/ A.F.-

Prenatal history of mother

Mental: -NAD

Physical: - NAD.
**Birth History of Child:** Mother had FTND.

**Birth Weight** – 2.9KG

**Neck Holding** – 3½ Months

**Teething** -7 Month

**Sphincter Control** -3½ Yrs.

(a) Stool – Present.

(b) Urine – Cannot control during sleep.

**Breast feeding history** – up to 1 year of age

**Salivation** -

**Worms** –

**Immunization** – All vaccines given

**Past History** –

Recurrent throat infection before 3 years.

A tooth carries before 1 year cavities formed onwards.

Ear pain before 4 years.

**Family History** –

Father: Eczema, H/O Enuresis.

Mother: Gastric troubles, H/O Enuresis.

Brother: 1

Sister: 1

**Physical Examination** –

Temp: 98.6 F

Weight: 22 Kg

Pulse: 78 / Min

Tongue: Slightly coated.

**Systemic Examination** – NAD

**Investigation** –

Hb – 10.4gm %

Urine- NAD

Stool – NAD.
Life Space –

Patient is coming from middle class family. He is third child of parents, mother told he is unwanted. Elder children are in higher standard, so mother has to look after their studied much more than the patients. He is having H/0 recurrent throat infection and also weak. As per family need mother has to work she could not pay much attention to him. So he is more irritable than the other elder children in family. He becomes angry very soon. He screams during anger and speaks loudly to family members. Good in studies. He likes to play cricket with other children and his own brother. But sometimes get angry very much. He feels insecure. Always try to drag parent's attention by anger.

He always sleeps early. He passes involuntary urine during his first sleep. If we try to wake him up, he will not wake. He is in deep sleep. He passes urine even if he has passed urine before going to sleep. He passes involuntary urine only during night sleep. He passes since childhood.

Diagnosis: Primary Enuresis.

Diagnosis of Patient as a Person –

Diagnoses of Miasm – Psora.

Fundamental Miasm –

<table>
<thead>
<tr>
<th></th>
<th>Psora</th>
<th>Sycosis</th>
<th>Tubercular</th>
<th>Syphilis</th>
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<tr>
<td>Past Event</td>
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</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Dominant Miasm –

(a) System actively involved – Urinary system
(b) Involvement of other system -
(c) Pathology – functional
(d) Progress – Fast.
(e) Present Expression – Shrieking, children, in
   Urinating, desire for
   Urinating
   Waking, difficult
   Carries, decayed, hollow
   Urination involuntary, first sleep
**Diagnosis of Susceptibility** –
- General level – High
- Mental level - High
- Physical level - High
- Immunity level - High

**Auxiliary Measures** –
- Diet & Regimen – Advised to take iron rich food and restriction of liquid before 2 hours of sleep.

**Totality of symptoms**
- Shrieking, children, in
- Urinating, desire for
- Urinating
- Waking, difficult
- Carries, decayed, hollow
- Urination involuntary, first sleep

**Repertorization**

<table>
<thead>
<tr>
<th>Weighted</th>
<th>10</th>
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<th>3</th>
<th>10</th>
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<th>6</th>
<th>6</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>Mental</td>
<td>2</td>
<td>1</td>
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<td>1</td>
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<tr>
<td>Dreams</td>
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<tr>
<td>Urination</td>
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<td>1</td>
<td>2</td>
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<td>2</td>
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<td>2</td>
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</tr>
<tr>
<td>Waking, difficult</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<td>2</td>
<td>2</td>
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</tr>
<tr>
<td>Carries, decayed, hollow</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
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<td>2</td>
<td>2</td>
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</tr>
</tbody>
</table>

**Selection of Remedy** –
- Acute – Kreosotum.
- Chronic -
- Intercurrent -
### Follow Ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Frequency of Involuntary Urine Day/Night</th>
<th>Psychological and Systemic symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-06-2012</td>
<td>------------------------</td>
<td>-------------------------------</td>
<td>Kreosotum 200 O.D.</td>
</tr>
<tr>
<td>24-06-2012</td>
<td>Stopped passing urine at night</td>
<td>Irritability ++</td>
<td>Phytum</td>
</tr>
<tr>
<td>24-7-2012</td>
<td>No Involuntary urine.</td>
<td>Irritability ++</td>
<td>Phytum</td>
</tr>
<tr>
<td>28-9-2012</td>
<td>Started Involuntary urine since 3 days</td>
<td>Irritability ++</td>
<td>Kreosotum 200 O.D.</td>
</tr>
<tr>
<td>15-10-2012</td>
<td>No Involuntary urine</td>
<td>Irritability decreases</td>
<td>Phytum</td>
</tr>
<tr>
<td>17-11-2012</td>
<td>No Involuntary urine.</td>
<td>Irritability decreases Co-operate to mother</td>
<td>Phytum</td>
</tr>
<tr>
<td>20-2-2012</td>
<td>Improved</td>
<td>Improved</td>
<td>Phytum</td>
</tr>
</tbody>
</table>

### Conclusion -

In this case we have seen the child having insecurity feeling and always want to drag parent's attention by anger. Insecurity feeling results into Nocturnal Enuresis. When we have prescribed Kreosotum it helped the child to come over insecurity feeling and anger. So the child is relieved from Nocturnal Enuresis.
Case Record - IX

Name: Master Sharad D. Parikh.
Age: 13 yrs.  Sex: M
Religion/cast: Hindu / Jain
Father: Devang Parikh
Age: 38 Yrs
Education: B.Com
Occupation: Worker in Factory
Sibling: M-1 F-1
Address (Resi.) Crescent Circle, Bhavnagar.

Education: 8th Std.
Veg / NonVeg: Veg.
Mother: Jainita Parikh
Age: 35 Yrs
Education: B.Com
Occupation: House-wife.

Chief Complaints

1. Frequent of urination Day/Night – 6/2

2. Time Modality
   Day & Night- < night.
   Early Part of Night-
   Midnight--Later part of Night-

3. Characteristic of Urine
   Profuse/Scanty- Profuse.
   Offensive/Non Offensive- Non- Offensive.
   Watery/High coloured- Watery

4. Sleep –
   Wakening the child-
   Not Wakening the child-
   Teeth grinding-Present
   Talking-

5. Dreams–
   Dreams of fighting, Playing with friends, enjoying with friends etc.
   Dreams of water-
   Dreams of going to toilet-
6. Modalities < Aggravation
   Season: Summer, Rainy season- < After anger.
   Physical excretion after-
   Fear after-
   Excitement after- < after excitement, quarrel.

> Amelioration
   Season- Summer, Rainy season- > in summer.
   Consolation- > by consolation.

7. Concomitants- Grinding teeth during Sleep.
   Worms-
   Mental Irritation-
   Insecurity-
   Loss-
   Fear-

Associated complaints

| 1. Teeth grinding during sleep. H/O recurrent grinding of teeth when mother realized take him to homeopath for Rx. |  | < Night (3) <Sleep during (3) <Anger after. <Excited (2) |
Patent as a person (attributes & functions)

Physical Characteristics –
Skin - Pale
Nails – Pale
Gums - Pink
Lips -
Coldness: general -
Heat, warmth: general -
Burning: general -
Oedema: general -
Perspiration: Quantity – Moderate.

Hair - Brownish.
Mouth -Salivation
Teeth –Whitish.
Partial -
Partial –
Partial –
Partial -
Location- Head, Back.

Digestion
Appetite –Increases
Eructation -
Flatulence
Vomiting
Taste –
Desires- Not Specific
Aversions – Not Specific.
Thirst – 6-7glasses/day
Acidity –
Nausea –
Salivation – Profuse, during sleep at night
Colic – 2-3 times /week

Elimination –
Stool: Color - Yellow
Odor –
Urine: Frequency –Day/Night- 6/2
Difficulty –
Consistency - Soft
Urging –
Control - Only During day.

Thermal state

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Monsoon</th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath</td>
<td>Cold</td>
<td>Warm</td>
<td>Warm</td>
</tr>
<tr>
<td>Cover</td>
<td>--------</td>
<td>--------</td>
<td>Thick - Throw</td>
</tr>
<tr>
<td>Fan</td>
<td>Fast</td>
<td>Slow</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Menstrual History

F.M.P -

Menses: Regular /Irregular /Continuous /Intermittent
Flow -
Color:
Concomitants –
Before –
Beginning -
During –
After –

L.M.P –

Quantity –
Consistency-

Leucorrhoea:

Onset -
Character-
Duration –
Concomitants/ A.F.-

Prenatal history of mother

Mental: NAD
Physical: - NAD

Birth History of Child: Mother had FTND.

Birth Weight – 3.2KG
Neck Holding – 3 Months
Teething -9 Month
Sphincter Control -2½ Yrs.
(a) Stool – Present.
(b) Urine – Cannot control during sleep.
Birth feeding history – up to 1 year of age
Salivation -Occ. At night.
Worms –
Immunization –All vaccines given.

Past History –
Mumps before 5 years.
Pneumonia before 8 Months.
Recurrent boils in Childhood.
Family History –
Father: Hypertension and Gout H/O Enuresis.
Mother: H/O Enuresis.
Brother: 1 N.P.
Sister: 1 N.P.
G. Father: Dryness of Skin.
G. Mother: N.P.

Physical Examination –
Temp: 98.5 F
Weight: 36 Kg
Pulse: 74 / Min
Tongue: red.

Systemic Examination – NAD

Investigation –
Hb – 10.0gm %
Urine: NAD
Stool – NAD

Life Space –
Pt. is coming from middle class family, having one elder brother and one younger sister. His father described his nature as very angry and quarrelsome. Does quarrel with brother as his brother had to read at night and pt. wants to sleep in their room. As pt. is unable to sleep while lights are on, he tells his brother to read at some other place but as parents in one room, at other room, the grand parents are sleeping. He tries to convince the younger brother. But always this discussion ends with quarrel pt. becomes very angry and then sleep. He changes side frequently during sleep after attacks of anger and it happens 4-5 times /week. This all increased after the birth of younger sister before that he was dry at night.

When asked pt. he replied that his nature is not angry but if someone make me angry, than I can’t control myself. Sometimes he has bitten his brother while quarreling also. His hobbies are watching T.V., roaming with friends, traveling to far places on hill station and sea shore etc. He always insists his father to take leave for tour many times he has joined school tours and travels a lot.

His friends tell him 'Mota' (obese), and tease him a lot. At that time also he becomes angry and beat them.
**Diagnosis:** Secondary Enuresis.

**Diagnosis of Patient as a Person –**

**Diagnosis of Miasm – Psora.**

**Fundamental Miasm –**

<table>
<thead>
<tr>
<th></th>
<th>Psora</th>
<th>Sycosis</th>
<th>Tubercular</th>
<th>Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Event</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dominant Miasm –**

(a) System actively involved – Urinary system
(b) Involvement of other system -
(c) Pathology – functional
(d) Progress – Rapid.
(e) Present Expression – Anger, violent
   Travel, desire to
   Tossing about general sleep, during
   Sensitive, light, to
   Obesity children, in
   Grinding teeth sleep, during

**Diagnosis of Susceptibility –**

General level – High
Mental level - High
Physical level - High
Immunity level - High

**Auxiliary Measures –**

Diet & Regimen – Advised to wash hands and legs with soap before eating, to take iron rich food. Restriction of liquid 2 hours before going to bed.
**Totality of symptoms**

Anger, violent

Travel, desire to

Tossing about general sleep, during

Sensitive, light, to

Obesity children, in

Grinding teeth sleep, during

**Repertorization**

<table>
<thead>
<tr>
<th>Weighted Rubrics covered</th>
<th>Balsam</th>
<th>Calc</th>
<th>Ign</th>
<th>Ars</th>
<th>Bell</th>
<th>Bar-C</th>
<th>Bry</th>
<th>Acon</th>
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<td>Rubric grades</td>
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<td>8</td>
<td>8</td>
<td>8</td>
<td>6</td>
<td>5</td>
<td>8</td>
<td>10</td>
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<td><strong>MENTALS</strong></td>
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<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>MENTALS</strong></td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MENTALS</strong></td>
<td>3</td>
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<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>GENERALS</strong></td>
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<td>1</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TEETH</strong></td>
<td>1</td>
<td>3</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
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</tr>
</tbody>
</table>

**Selection of Remedy** –

Acute – Belladonna.

Chronic -

Intercurrent - Calc-carb.
## Follow Ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Frequency of Involuntary Urine Day/Night</th>
<th>Psychological and Systemic symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-1-2011</td>
<td>---------------</td>
<td>---------------</td>
<td>Belladonna O.D. 200</td>
</tr>
<tr>
<td>15-2-2011</td>
<td>0/1 every night</td>
<td>Anger ++</td>
<td>Belladonna O.D. 200</td>
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<tr>
<td>2-3-2011</td>
<td>Alternate Night.</td>
<td>Anger ++</td>
<td>Phytum</td>
</tr>
<tr>
<td>22-3-2011</td>
<td>Twice a week</td>
<td>Anger ++</td>
<td>Belladonna 1M (S.D.)</td>
</tr>
<tr>
<td>20-4-2011</td>
<td>No Involuntary urination</td>
<td>Anger decreases</td>
<td>Phytum</td>
</tr>
<tr>
<td>18-6-2011</td>
<td>No Involuntary urination</td>
<td></td>
<td>Belladonna 1M (S.D.)</td>
</tr>
<tr>
<td>20-7-2011</td>
<td>Improved</td>
<td>Improved</td>
<td>Calc.carb 200 (S.D.)</td>
</tr>
</tbody>
</table>

## Conclusion –

In this case the birth of younger sister excites the irritability, violence; insecurity from mother caused the bed wetting. Whenever the child was excited, had quarrel with brother then he became mentally disturbed and c/o bed wetting started. We have given Belladonna as the indicated remedy. Through which the case was cleared up. But as the child was fatty, wants to decreases weight we have given constitutional drug Calc.carb.
Case Record -X

Name: Master Kenil K. Mehta.
Age: 6yrs.  Sex -  M  Education: 1st Std.
Religion/cast: Hindu  Veg / NonVeg: Veg.
Father: Kamlesh Mehta  Mother: Mayuri Mehta
Age: 30 Yrs  Age: 28Yrs
Education: M.Com  Education: M.Com. B.ed
Occupation: Bank clerk  Occupation: Teacher.
Sibling:  M- 1  F-
Address (Resi.): Plot No. 35, Sardar nagar, Bhavnagar.

Chief Complaints

1. Frequent of urination Day/Night – 4/2
2. Time Modality < during sleep.
   Day & Night< night, < afternoon.
   Early Part of Night-
   Midnight—
   Later part of Night-
3. Characteristic of Urine
   Profuse/Scanty- Profuse.
   Offensive/Non Offensive- Non- Offensive.
   Watery/High coloured- Watery
4. Sleep
   Wakening the child-
   Not Wakening the child-
   Teeth grinding-
   Talking-
5. Dreams-
   Dreams of water- Many, of Ghosts, films etc.
   Dreams of going to toilet-
6. **Modalities < Aggravation< during sleep.**
   Season: Summer, Rainy season-
   Physical excretion after-
   Fear after-
   Excitement after- < after excitement, quarrel.

> **Amelioration**
   Season- Summer, Rainy season- > in summer.
   Consolation- > by consolation.

7. **Concomitants-** Grinding teeth during Sleep.
   Worms-
   Mental Irritation-
   Insecurity-
   Loss-
   Fear-

**Patent as a person (attributes & functions)**

**Physical Characteristics –**

- Skin - Fair, Healthy
- Nails - Pink
- Gums -Pink
- Lips -Pink
- Coldness: general -
- Heat, warmth: general -
- Burning: general -
- Oedema: general -
- Perspiration: Quantity – Scanty.
- Odour –

- Hair - Blackish.
- Mouth -N.P.
- Teeth – Healthy. 
- Partial -
- Partial –
- Partial –
- Partial -
- Location- Head, face, back.
**Digestion**
Appetite –
Eructation -
Flatulence
Vomiting
Taste –
Desires- Not Specific
Aversions – Sweets, hot food.

**Elimination –**
**Stool:** Color - Yellowish
Odor –
**Consistency - Normal.**

**Urine:** Frequency –Day/Night- 4/2
Urging –
Difficulty –
Control - Loss during sleep..

**Thermal state**

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Monsoon</th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath</td>
<td>Cold + Warm</td>
<td>Warm</td>
<td>Warm</td>
</tr>
<tr>
<td>Cover</td>
<td>One thin</td>
<td>One chadar</td>
<td>One thick Blanket</td>
</tr>
<tr>
<td>Fan</td>
<td>Fast</td>
<td>Medium</td>
<td>Nil</td>
</tr>
</tbody>
</table>

**Menstrual History**
**F.M.P -**
Menses: Regular /Irregular /Continuous /Intermittent
Flow -
Color:
Concomitants –
Before –
Beginning-
During –
After –
**L.M.P –**
Quantity –
Consistency-
Leucorrhoea:
Onset - Duration –
Character- Concomitants/ A.F.-

Prenatal history of mother
Mental: -.NAD
Physical: - NAD.

Birth History of Child : Mother had FTND & died due to complication of Hypertension.
Birth Weight – 2.8 Kgs. Development History :
Neck Holding – 3 Months Fontanelle closure –19 months.
Teething - Started at 6 months Walking – 12 months.
Sphincter Control -3 Yrs. Speech –1 ¾ Yrs.
(a) Stool – Present.
(b) Urine –Only during day.
Breast feeding history – Mother died during delivery due to complication of Hypertension.
Salivation - Pica –
Worms – Anaemia-
Immunization –All vaccines given.

Past History –
No Major illness is reported.

Family History –
Father: H/O skin eruptions. H/O Enuresis.
Mother: Died before 6 years due to complication of hypertension H/O Enuresis
Brother: one-step N.P.
Sister: No sister
G. Father: N.P.
G. Mother: N.P.

Physical Examination –

Temp: Normal Pulse: 84 / Min
Weight: 22 Kg Tongue: Pink.
Systemic Examination – NAD

Investigation –
Hb – 12.5gm %

Urine: NAD  Stool – NAD.

Life Space –

Child is coming from a reputed middle class family. Father is working in a bank and mother working in a school. At the time of his birth, his mother died due to complication of blood pressure and after that father has married for the second time within short period. Now, pt. is attached with his (new) mother since long as when he was of one year father married again.

Now pt. becomes obstinate and when ever he instructs him to go to bed he refused and many times he may not obey. Since 2 years, his younger brother is present. He can't tolerate sharing of love (of parents) with his brother and if parents not call him first he feels bad about for long time. He become angry if younger brother misplace his toys and may beat him. But when parents are not at home and both brothers are at home with grand parents he take care of younger brother.

Mother noticed that many times he looks sad and gloomy. Without any incidence from younger brother mother or father, he looks sad.

He has started bed-wetting after the birth of his younger brother. He feels insecure.

Diagnosis: Secondary Enuresis.

Diagnosis of Patient as a Person –

Diagnoses of Miasm – Psora.

Fundamental Miasm –

<table>
<thead>
<tr>
<th></th>
<th>Psora</th>
<th>Sycosis</th>
<th>Tubercular</th>
<th>Syphilis</th>
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<tbody>
<tr>
<td>Past Event</td>
<td>------</td>
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<td>------------</td>
<td>----------</td>
</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dominant Miasm –
(a) System actively involved – Urinary system
(b) Involvement of other system -
(c) Pathology – functional
(d) Progress – Rapid.
(e) Present Expression – Ailments from love disappointed, unhappy
   Sadness, children in
   Obstinate, headstrong children refuse to go to bed
   Urination involuntary night, incontinence in bed

Diagnosis of Susceptibility –
   General level – High
   Mental level - High
   Physical level - High
   Immunity level - High

Auxiliary Measures –
   Diet & Regimen – Advised to stop drinking water before 2 hours of going to bed.

Totality of symptoms
   Ailments from love disappointed, unhappy
   Sadness, children in
   Obstinate, headstrong children refuse to go to bed
   Urination involuntary night, incontinence in bed

Repertorization
Selection of Remedy –

Acute – Causticum

Chronic -

Intercurrent -

Follow Ups

<table>
<thead>
<tr>
<th>Date</th>
<th>Frequency of Involuntary Urine Day/Night</th>
<th>Psychological and Systemic symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-1-2012</td>
<td>½</td>
<td></td>
<td>Causticum 1M (S.D.)</td>
</tr>
<tr>
<td>27-2-2012</td>
<td>1/1</td>
<td>Behaviour improved</td>
<td>Phytum</td>
</tr>
<tr>
<td>20-3-2012</td>
<td>Thrice a week</td>
<td>Anger increases</td>
<td>Causticum 1M (S.D.)</td>
</tr>
<tr>
<td>30-3-2012</td>
<td>No involuntary urination</td>
<td>Anger decreases</td>
<td>Phytum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sleeps well</td>
<td></td>
</tr>
<tr>
<td>30-4-2012</td>
<td>Improved</td>
<td>Improved</td>
<td>Phytum</td>
</tr>
</tbody>
</table>

Conclusion –

In this case the child has started bed wetting after the birth of his younger brother. He showed anger to drag the attention of the parents. Mother was giving much attention to the younger child as it was needed. So here the Pt. feels insecure and had fear of loosing the love and attention of mother. This Psychological stress came to the level of Physic and during the sleep child lost control over the bladder and started bed-wetting. In this we have helped the child by giving him Homeopathic simillimum.
<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Chief Complaints</th>
<th>Type</th>
<th>Prescribing Totality</th>
<th>Miasm</th>
<th>Treatment</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr. No.</td>
<td>Name</td>
<td>Age</td>
<td>Sex</td>
<td>Chief Complains</td>
<td>Type</td>
<td>Prescribing Totality</td>
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<td>Treatment</td>
<td>Result</td>
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<td>---------------------------------------------</td>
<td>-------</td>
<td>----------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>3</td>
<td>Miss Yamini K. Joshi</td>
<td>6</td>
<td>F</td>
<td>Bed wetting at night 6-7 times/week.</td>
<td>Primary</td>
<td>Urine, Involuntary.</td>
<td>Psora</td>
<td>Pulsatilla 1M single dose.</td>
<td>Improved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt; After excitement.</td>
<td></td>
<td>&lt; Night, cold</td>
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<td>Phytam for 15 days</td>
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<td>Pulsatilla 1M single dose.</td>
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<td>Primary</td>
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<td>Psora</td>
<td>Rhus Tox 1M single dose.</td>
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<td>- Profuse urine.</td>
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<td>- Dreams of swimming</td>
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<td>- Desire Sweets, cold, Milk.</td>
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<td>- Changing side frequently during sleep.</td>
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<td>Phosphorus 200, Single dose per month for 2 months. Phosphorus 200 single dose.</td>
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<td>Miss Aparna G. Gupta.</td>
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<td>Bed wetting at night.</td>
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<td>Urine Involuntary &lt;night. Dreams of urinating</td>
<td>Psora</td>
<td>Kreosote 30 tds for 1 month. Kreosote 200 o.d. for 15 days.</td>
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151
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<td>11</td>
<td>Master Anil P. Desai</td>
<td>15</td>
<td>M</td>
<td>Bed – Wetting at 2-3 times / week at night, hoarseness of voice</td>
<td>Primary</td>
<td>Urine Involuntary</td>
<td>Sycosis</td>
<td>Causticum 200 alternate day 3 doses per week for 2 weeks – Causticum 1M – single dose</td>
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<td>&lt; cold weather</td>
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<td>Master Utsav Patel</td>
<td>7</td>
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<td>Bed – wetting at night 3-4 times / week</td>
<td>Primary</td>
<td>Urine Involuntary</td>
<td>Sycosis</td>
<td>Rhus Tox 200 OD alternate day 3 doses per week for 2 weeks Rhus Tox 200 h.s. for 2 weeks</td>
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<td>- Both parent had H/O Enuresis upto the late age</td>
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<td>&gt; warm weather</td>
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<td>Miss Seema M. Joshi</td>
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<td>Bed – wetting at night 3-4 times / week &lt; getting wet</td>
<td>Primary</td>
<td>Urine Involuntary &lt; Weeps easily, emotional &lt; getting wet</td>
<td>Psora</td>
<td>Pulsatilla 200 OD for 2 weeks Pulsatilla 1M twice a week for 2 week</td>
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<td>- Mother has H/O Enuresis upto the age of 8 years</td>
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<td>Master Vaibhav G. Doshi</td>
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<td>Enuresis at night since last 6 months. 5 - 6 times /</td>
<td>Secondary</td>
<td>Urine Involuntary Cold recurrent Lean, Thin Chilly Pt., Tall, slender Easily angered Aching legs</td>
<td>Tubercular</td>
<td>Phos 200 single dose / week for 4 weeks Phos 200 alternate day 3 doses for 2 weeks</td>
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<td>Master Neel B. Patel</td>
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<td>Bed wetting at night&lt;br&gt;4 - 5 times / week&lt;br&gt;Anger with pain in head&lt;br&gt;&amp; after birth of younger sister since last 3 years&lt;br&gt;- P/H recurrent Throat pain&lt;br&gt;- Father had H/O Enuresis</td>
<td>Primary</td>
<td>Urine Involuntary&lt;br&gt;&amp; night&lt;br&gt;- Violent anger throws things&lt;br&gt;- Anger with headache &amp; redness of face</td>
<td>Psora</td>
<td>Bella 200 H.S. daily for 2 weeks&lt;br&gt;Bella 1M H.S.every 4&lt;sup&gt;th&lt;/sup&gt; day for 15 days</td>
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<td>Miss Khusbu H. Shah</td>
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<td>Bed wetting 3 – 4 times / week esp. in the first part of night&lt;br&gt;- Dental caries and bleeding gums&lt;br&gt;- Dreams of urinating&lt;br&gt;- Itching of valva and vagina&lt;br&gt;&amp; cold weather&lt;br&gt;- Both parents had H/O Enuresis</td>
<td>Primary</td>
<td>Urine Involuntary&lt;br&gt;&amp; night&lt;br&gt;- cold weather&lt;br&gt;- First part of night&lt;br&gt;Bleeding gums&lt;br&gt;- Chilly Pt.&lt;br&gt;- Dreams of urinating</td>
<td>Psora</td>
<td>Kreosote 200 OD once / week for 3 weeks&lt;br&gt;Kreosote 200 2 doses per week for 2 weeks</td>
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<td>Miasm</td>
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<td>Urine involuntary</td>
<td>Tubercular</td>
<td>Cina 200 alternate day for 3 weeks</td>
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<td>Irritability</td>
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<td>Cina 200 hs for 2 weeks</td>
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<td>Both the parents had H/O Enuresis upto late age.</td>
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<td>Master Mit A. Gundigara</td>
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<td>A/F disappoint ment, grief,</td>
<td>Sycosis</td>
<td>Ignatia 200 h.s. alternate day for 3 weeks</td>
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<td>Emotional</td>
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<td>Ignatia 1M single dose.</td>
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<td>&lt; 3 – 4 times / week</td>
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<td>Sensitive</td>
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<td>Fearful</td>
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<td>Throbbing headache</td>
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<td>Sleep – disturbed</td>
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<td>Sensitive</td>
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<td>long continued grief</td>
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<td>Both parents had H/O Enuresis upto late age.</td>
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<td>19</td>
<td>Miss Nirja M. Shah</td>
<td>7</td>
<td>F</td>
<td>Bed wetting every night &lt; Exposure to cold&lt;br&gt; &lt; Winter, &lt; First sleep, &lt; Burning Micturition&lt;br&gt; &lt; Offensive urine&lt;br&gt; &lt; Nausea &amp; vomiting&lt;br&gt; &lt; After eating&lt;br&gt; Weeps easily&lt;br&gt; Gets angry easily&lt;br&gt; Both parents had H/O Enuresis upto late age</td>
<td>Primary</td>
<td>- Chilly Pt&lt;br&gt; - Urine Involuntary during first sleep&lt;br&gt; &lt; winter&lt;br&gt; - Nausca &amp; vomiting&lt;br&gt; &lt;after eating&lt;br&gt; - Weeping tendency&lt;br&gt; - Auxious&lt;br&gt; - Irritable</td>
<td>Psora</td>
<td>Sepia 200 s.d. dose every week for 3 weeks Sepia 200 s.d.alternate day for 1 week</td>
<td>Improved</td>
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<td>20</td>
<td>Master Jay K. Bhatt</td>
<td>9</td>
<td>M</td>
<td>Bed wetting at night 2-3 times / week &lt; Monsoon&lt;br&gt; - Aching legs&lt;br&gt; &lt; night, &gt; by walking&lt;br&gt; - Restless&lt;br&gt; - Irritable&lt;br&gt; - Father had H/O Enuresis upto the late age</td>
<td>Primary</td>
<td>- Urine Involuntary &lt; Monsoon&lt;br&gt; - Chilly Pt.&lt;br&gt; - Restlessness&lt;br&gt; - Irritability&lt;br&gt; - Aching legs &gt; by walking&lt;br&gt; Itching &amp; redness of skin&lt;br&gt; &lt; monsoon&lt;br&gt; - Thirst increased</td>
<td>Tubercular</td>
<td>Phos 200 1 dose per week upto 3 weeks Phos 200 h.s.alternate day for one week</td>
<td>Improved</td>
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<td>Sr. No.</td>
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<td>21</td>
<td>Master Ritesh P. Gupta</td>
<td>10</td>
<td>M</td>
<td>Bed wetting at night</td>
<td>Primary</td>
<td>Phos 200 1 dose per week in 3 weeks, Phos 200 h alternate day for 1 week</td>
<td>Tubercular</td>
<td>Improved</td>
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<td>22</td>
<td>Miss Drijaj N. Andhariya</td>
<td>10</td>
<td>F</td>
<td>Get wet, thirst for water</td>
<td>Primary</td>
<td>Pulsatilla 200 h.s. in alternate day for 3 weeks, Pulsatilla 1 M single dose</td>
<td>Poora</td>
<td>Improved</td>
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<td>Sr. No.</td>
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<td>Chief Complains</td>
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<td>Prescribing Totality</td>
<td>Miasm</td>
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<td>23</td>
<td>Master Hardik M. Gohel</td>
<td>11</td>
<td>M</td>
<td>Bed wetting at night&lt;br&gt;3–4 times / week&lt;br&gt;&lt; During first sleep&lt;br&gt;- Child is difficult to wake up&lt;br&gt;- Headache frequently&lt;br&gt;&lt; Noise, Sun&lt;br&gt;- Irritability, throws the things&lt;br&gt;Mother had H/O Enuresis</td>
<td>Primary</td>
<td>- Anger, violent, Throws the things,&lt;br&gt;- Urine Involuntary &lt; during the first sleep&lt;br&gt;- Difficult to wake Pt.&lt;br&gt;- Headache throbbing sudden&lt;br&gt;&lt; Sun</td>
<td>Psora</td>
<td>Bella 200 hs for 1 week&lt;br&gt;Bella 1M single dose once in a week for 3 weeks</td>
<td>Improved</td>
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<td>24</td>
<td>Master Aditya V. Bhatt</td>
<td>6</td>
<td>M</td>
<td>Bed wetting 2-3 time / night&lt;br&gt;&lt; winter&lt;br&gt;Increased frequency during day&lt;br&gt;- Easily catches cold&lt;br&gt;- Thin, Tall, slander&lt;br&gt;Desire cold drink&lt;br&gt;- Both parents had H/O Enuresis</td>
<td>Primary</td>
<td>- Urine Involuntary&lt;br&gt;&lt; Winter&lt;br&gt;- Increased frequency of urine during day&lt;br&gt;- H/O Diabetes taking allopathic Rx&lt;br&gt;- Chilly Pt.&lt;br&gt;- Desire cold drinks</td>
<td>Tubercular</td>
<td>Phos 200 1 dose per week for 3 weeks&lt;br&gt;Phos 200 h.s. alternate day for 1 week</td>
<td>Improved</td>
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<td>Sr. No.</td>
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| 25     | Miss Kena M. Mehta | 8   | F   | Bed wetting 3 – 4 times / week  
- Frequent Urination.  
- Profuse urination  
- Urine frequency increased with pain.  
- No Family history of Enuresis. | Primary. | - Profuse urination.  
- Urine- Involuntary  
< night.  
- Frequent urging with pain. | Psora | Equisetum 200 s.d. per week for 3 weeks.  
Equisetum 200 s.d. alternate day for 1 week | Improved |
| 26     | Master Jeet K. Dudhwala | 9   | Male | Bed wetting 3-4 times/week. < Summer, catches cold easily.  
- weeps easily.  
- Desire for salts.  
-Emaciated having blue ring around eyes.  
- Both parents had H/O Enuresis. | Primary. | - Urine Involuntary at night.  
< summer,  
- Chilly Pt..  
- Weeping disposition.  
- Desire salt.  
- Emaciation. | Psora. | Nat Mur 200, 1 dose per week for 3 weeks.  
Nat Mur 200 s.d. alternate day for 1 week | Improved |
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<th>Sr. No.</th>
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<th>Prescribing Totality</th>
<th>Miasm</th>
<th>Treatment</th>
<th>Result</th>
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</table>
| 27      | Master Dhrumil R. Gohil | 10  | M   | - Bed-wetting 2-3 times /week.  
- First sleep, winter.  
- Profuse urination.  
- Sensitive.  
- Anaemic, emaciated too weak.  
Both the parents had H/O Enuresis. | Primary.   | - Urine Involuntary at night.  
- During first sleep.  
- Profuse urination.  
- Sensitive.  
- Weak, anaemic, emaciated. | Psora   | Causticum 200 s.d alternate day for 3 weeks.  
Causticum 1M single dose | Improved |
| 28      | Master Kaushal P. Oza. | 6   | M   | - Bed wetting 3-4 times/week. Since last 2 years after birth of younger boy.  
- Irritable, Depressed.  
- Urine — offensive, hot burning, changeable in colour.  
Both parents had H/O Enuresis. | Secondary | - Urine Involuntary due to insecurity from mother.  
- Irritable.  
- Depressed.  
- Offensive, hot, changeable urine. | Sycosis | Benzoicum Acid 200 1 dose. Per week for 3 weeks.  
Benzoicum Acid 200 s.d. alternate day for 1 week | Improved |
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<th>Sr. No.</th>
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<th>Miasm</th>
<th>Treatment</th>
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<tr>
<td>29</td>
<td>Master Hemal s. Dodiya</td>
<td>7</td>
<td>M</td>
<td>- Bed wetting&lt;br&gt;4 - 5 times/week.&lt;br&gt;- &lt; rainy weather,&lt; over exertion&lt;br&gt;- Moves hands and legs constantly&lt;br&gt;- Takes cold easily.&lt;br&gt;- Profuse, dark urine.&lt;br&gt;- Pain in Joints &lt; cold.&lt;br&gt;- Father had H/O Enuresis.</td>
<td>Primary</td>
<td>- Urine Involuntary&lt;br&gt; - Rainy weather.&lt;br&gt; - Over exertion.&lt;br&gt; - Restlessness.&lt;br&gt; - Chilly pt.&lt;br&gt; - Joints pain&lt;br&gt; - Cold.</td>
<td>Psora</td>
<td>Rhus-Tox 200 s.d alternate day for 1 week.</td>
<td>Improved</td>
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<td>30</td>
<td>Master Jigar k. Mehta</td>
<td>10</td>
<td>M</td>
<td>Bed wetting 3-4 times/week&lt;br&gt; &lt; winter.&lt;br&gt; - Cold and coughing recurrent.&lt;br&gt; - H/O epistaxis.&lt;br&gt; - Fair complexion, tall, slender.&lt;br&gt; - Fearful, fear of dogs.&lt;br&gt; - Both parents had H/O Enuresis.</td>
<td>Primary</td>
<td>- Urine Involuntary at night, &lt; winter.&lt;br&gt; - Chilly.&lt;br&gt; - Epistaxis.&lt;br&gt; - Fearful, fear of dogs.&lt;br&gt; - Tall, slender, fair.</td>
<td>Tubercular</td>
<td>Phos 200 s.d alternate day for 3 weeks.&lt;br&gt; Tuberculinum 1M single dose.</td>
<td>Improved</td>
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<td>Sr. No.</td>
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<td>31</td>
<td>Miss Krunali U. Baxi</td>
<td>11</td>
<td>F</td>
<td>Bed wetting 4-5 times/week, &lt; winter.</td>
<td>Primary</td>
<td>Urine Involuntary at night &lt; winter.</td>
<td>Psora</td>
<td>Pulsatilla 200, s.d. alternate day for 3 weeks.</td>
<td>Improved</td>
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<td></td>
<td>- Weeps easily.</td>
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<td>- Weeping tendency</td>
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<td>- Pulsatilla 1 M single dose.</td>
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<td>- Sensitive, Thirst es.</td>
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<td>- Sensitive</td>
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<td></td>
<td>- Desire sour food</td>
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<td>- Thirst decreases.</td>
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<td></td>
<td>- gets diarrhoea easily</td>
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<td>- gets diarrhoea easily</td>
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<td>- No family, History of Enuresis.</td>
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<td>32</td>
<td>Master Chintan V. Hapnani</td>
<td>9</td>
<td>M</td>
<td>Bed wetting 2-3 times/week, &lt; first sleep &lt; Winter.</td>
<td>Primary</td>
<td>Urine Involuntary</td>
<td>Psora</td>
<td>Kreosote hs. 30 every day for 2 weeks.</td>
<td>Improved</td>
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<td>- Difficult to wake the child.</td>
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<td>&lt; First sleep.</td>
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<td>- Kreosote 200 1 dose 1 week.</td>
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<td>- H/O Recurrent toothache</td>
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<td>&lt; Winter Child cannot be awakened.</td>
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<td>- Kreosote 200 s.d. alternate day for 1 week.</td>
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<td>Both parents had H/O Enuresis</td>
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<td>- Recurrent toothache</td>
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<td>33</td>
<td>Master Manav A. Upadhyay.</td>
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<td>M</td>
<td>Bed wetting, 2-3 times/week, &lt; Winter, First sleep.</td>
<td>Primary</td>
<td>-Urine Involuntary</td>
<td>Psora</td>
<td>Sepia 200 s.d. alternate day for 3 weeks.</td>
<td>Improved</td>
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<td>- Catches cold easily.</td>
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<td>&lt; Winter.</td>
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<td>- Sepia 1M single dose</td>
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<td>- Nervous, depressed.</td>
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<td>&lt; First sleep.</td>
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<td>- Weak &amp; Pallor of Skin.</td>
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<td>- Chilly.</td>
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<td>- Urine turbid offensive sometimes contain blood also.</td>
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<td>- Nervous,</td>
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<td>- Both parents had H/O Enuresis.</td>
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<td>- Depressed.</td>
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<td></td>
<td>- Urine-turbid, offensive, occ. With blood.</td>
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<td>- Weak &amp; pallor Skin.</td>
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<td>34</td>
<td>Master Chinmay J. Ajwalia</td>
<td>6</td>
<td>M</td>
<td>Bed wetting 4-5 times/week.</td>
<td>Primary</td>
<td>-Urine Involuntary</td>
<td>Tubercul</td>
<td>Benzoicum Acid 200 single dose for 3 weeks.</td>
<td>Improved</td>
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<td>&lt; Winter, first sleep.</td>
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<td>&lt; Winter, First sleep.</td>
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<td>Benzoicum Acid 1M single dose.</td>
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<td>- Asthmatic, cough, difficult, breathing.</td>
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<td>- Difficult breathing.</td>
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<td>- Urine offensive, burning &amp; changeable in colour.</td>
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<td>- Asthmatic cough.</td>
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<td>- H/O UTI</td>
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<td>- Urine-offensive &amp; Changeable in colour.</td>
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<td>- Father had H/o Enuresis.</td>
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<td>36</td>
<td>Master Dipesh K. Pandit</td>
<td>7</td>
<td>M</td>
<td>Bed wetting at night 3-4 times/week. &lt; Rainy weather, &gt; Summer. - Wants to move constantly. - Cannot sit at one place. - Desire for cold milk. - Urticaria. &lt; Rainy season. - No family history of Enuresis.</td>
<td>Primary</td>
<td>-Urine Involuntary &lt; Night. &lt; Rainy season. - Restlessness. - Desire cold milk. - Urticaria. &lt; Rainy weather.</td>
<td>Psora</td>
<td>Rhus Tox 200 single dose per week for 2 weeks. Rhus Tox 1M single dose per week for 2 weeks</td>
<td>Improved</td>
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<td>Sr. No.</td>
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<td>37</td>
<td>Master Pintu J. Shah</td>
<td>6</td>
<td>M</td>
<td>Bed wetting at night. &lt; Winter, 4-5 times/week</td>
<td>Primary</td>
<td>- Urine Involuntary</td>
<td>Tubercular</td>
<td>Sepia 200 h.s for 3 weeks</td>
<td>Improved</td>
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<td>&lt; During first sleep</td>
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<td>&lt; Night</td>
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<td>Sepia 1M single dose</td>
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<td>- Catches cold easily</td>
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<td>&lt; Winter</td>
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<td></td>
<td>- Desire for bread, butter and sweets.</td>
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<td>&lt; First part of sleep</td>
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<td>- Both parents had H/O Enuresis.</td>
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<td>- Desire Bread, butter and sweets.</td>
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<td>- Weeping disposition</td>
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<td>- Chilly</td>
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<td>38</td>
<td>Master Harsit B. Patel</td>
<td>8</td>
<td>M</td>
<td>Bed wetting at night 2-3 times/week.</td>
<td>Primary</td>
<td>- Urine Involuntary</td>
<td>Psora</td>
<td>Benzoic Acid 200 single dose per week for 3 weeks.</td>
<td>Improved</td>
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<td>&lt; winter.</td>
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<td>&lt; Night</td>
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<td>Benzoic Acid 200 s.d.alternate day for 1 week.</td>
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<td>- Foul smelling urine.</td>
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<td>&lt; Winter</td>
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<td></td>
<td>- Throbbing headache.</td>
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<td>- Urine offensive.</td>
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<td></td>
<td>- Ulcers on tongue.</td>
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<td>- Headache- throbbing.</td>
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<td></td>
<td>- Itching around anus.</td>
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<td>- Stomatitis.</td>
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<td></td>
<td>- Mother had H/O Enuresis.</td>
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<td>- Itching anus.</td>
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<td>Sr. No.</td>
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<td>Age</td>
<td>Sex</td>
<td>Chief Complains</td>
<td>Type</td>
<td>Prescribing Totality</td>
<td>Miasm</td>
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<td>39</td>
<td>Master Mayur A. Gosai</td>
<td>11</td>
<td>M</td>
<td>Bed wetting at night 4-5 times/week. &lt; First sleep, &lt; Winter. - Cannot control urine. - Dreams of urination. - Offensive urine. - Bitterness in month. - Both Parents had H/O Enuresis.</td>
<td>Primary</td>
<td>-Urine Involuntary &lt; Night. &lt; Winter. - Urine has to hurry to pass. - Dreams urinating. - Mouth, taste, Bitter.</td>
<td>Psora</td>
<td>Kreosote 200 single dose per week for 3 weeks. - Kreosote 200 s.d. alternate day for 1 week.</td>
<td>Improved</td>
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<td>Sr. No.</td>
<td>Name</td>
<td>Age</td>
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<td>Chief Complaints</td>
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<td>41</td>
<td>Master Chintu S. Parmar</td>
<td>9</td>
<td>M</td>
<td>Bed wetting night 3-4 times/week.</td>
<td>Primary</td>
<td>Urine Involuntary</td>
<td>Tubercular</td>
<td>Phos 200 single dose per week for 3 weeks. Phos 200 s.d. alternate day for 1 week.</td>
<td>Improved</td>
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<td>&lt; Winter,</td>
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<td>&lt; Night</td>
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<td>- Urine with burning pain.</td>
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<td>&lt; Winter</td>
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<td></td>
<td>- Fear of darkness.</td>
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<td>- Urine burning.</td>
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<td>- Catches cold easily.</td>
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<td>- Chilly.</td>
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<td>- Bleeding from nose.</td>
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<td>- Fear of darkness.</td>
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<td>- Desire for ice cream.</td>
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<td>- H/O Epistaxis.</td>
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<td>- Tall, Weak, Debilitated.</td>
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<td>- Desire ice-cream.</td>
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<td></td>
<td>- Both parents had H/O Enuresis.</td>
<td></td>
<td>- Tall, weak, debilitated.</td>
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<td>42</td>
<td>Miss Mansi S. Thakkar</td>
<td>13</td>
<td>F</td>
<td>Bed wetting at night 2-3 times/week.</td>
<td>Primary</td>
<td>-Urine Involuntary</td>
<td>Psora</td>
<td>Nux. Vom. 200 h.s.alternate day for 3 weeks. Nux vom 1M single dose.</td>
<td>Improved</td>
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<td>&lt; Winter.</td>
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<td>&lt; Night</td>
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<td>&lt; Anger, excitement.</td>
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<td>&lt; Gastric upset.</td>
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<td>&lt; Gastric upset.</td>
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<td>- Irritable, zealous.</td>
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<td>- Desire spicy food.</td>
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<td>- Desire spicy food.</td>
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<td>- Ineffectual urging for stool.</td>
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<td>- Ineffectual urging for stool.</td>
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<td>- Sleep</td>
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<td>- Sleep un-refreshing.</td>
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<td>unrefreshing.</td>
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<td>- Father had H/O Enuresis</td>
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<td>44</td>
<td>Master Naeem A. Banaraswala</td>
<td>8</td>
<td>M</td>
<td>Bed wetting at night. 3-4 times/week. &lt; rainy season - Frequent desire for urine. - Urine passes drop by drop. - Pain in Lumbar region &lt; Rt.side. - Both Parents had H/O Enuresis.mes/week. rin. burning. foreks. ks. eks. ks. hs.</td>
<td>Primary</td>
<td>Urine Involuntary. &lt; Night &lt; Winter. - Increases desire for urine. - Dribbling of urine. - Rt. Lumbar Pain.</td>
<td>Psora</td>
<td>Equisetum 200 s.d.alternate day for 3 week. Equisetum 200 hs daily for 1 week.</td>
<td>Improved</td>
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<td>Sr. No.</td>
<td>Name</td>
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<td>Chief Complains</td>
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<td>45</td>
<td>Master Tejash M. Doshi</td>
<td>6</td>
<td>M</td>
<td>Bed wetting at night.</td>
<td>Primary</td>
<td>Urine Involuntary.</td>
<td>Psora</td>
<td>Cina 200 h.s. alternate day for 3 weeks.</td>
<td>Improved</td>
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<td></td>
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<td>Grinding of teeth.</td>
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<td>&lt; Night.</td>
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<td>&lt; Night.</td>
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<td>- Grinding teeth, &lt; Night.</td>
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<td></td>
<td>- Abd pain recurrent.</td>
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<td>- Discoloration white on face.</td>
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<td>- Whitish discoloration on face.</td>
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<td>- lies on abd.</td>
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<td>- Irritable, Stubborn.</td>
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<td>- Recurrent abd Pain.</td>
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<td>- Both parents had H/O Enuresis.</td>
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<td>- Irritable.</td>
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<td>- Stubborn.</td>
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<td>46</td>
<td>Master Karan U. Gandhi</td>
<td>8</td>
<td>M</td>
<td>Bed wetting at night.</td>
<td>Primary</td>
<td>Urine Involuntary.</td>
<td>Psora</td>
<td>Rhus Tox 200 h.s. alternate day for 3 weeks.</td>
<td>Improved</td>
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<td>3-4 time/week.</td>
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<td>&lt; Night.</td>
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<td>Rhus Tox 1M single dose.</td>
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<td>&lt; Rainy season.</td>
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<td>- Restlessness.</td>
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<td></td>
<td>- Moves constantly from place to place.</td>
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<td>- Reddish Tongue.</td>
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<td></td>
<td>- Desire cold milk.</td>
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<td>- With imprint of teeth.</td>
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<td>- Dreams of Swimming.</td>
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<td>- Desire cold milk.</td>
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<td>- Thirst 10-12 glasses/day.</td>
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<td>- Dreams of swimming.</td>
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<td>- Both parents had H/O Enuresis.</td>
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<td>- Thirst es.</td>
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<td>Chief Complains</td>
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<td>Miasm</td>
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<td>47</td>
<td>Master Harshil N. Shah</td>
<td>6</td>
<td>M</td>
<td>Bed wetting at night. 5-6 times/week.</td>
<td>Primary</td>
<td>Urine Involuntary.</td>
<td>Psora</td>
<td>Sulphur 200 single dose per week for 2 weeks. Sulphur 200 s.d. alternate day for 1 week. Sulphur 1 M single dose.</td>
<td>Improved</td>
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<td>- Dirty skin with itching eruption.</td>
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<td>&lt;- Night.</td>
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<td>- Itching &amp; redness around anus.</td>
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<td>- Skin eruption, itching,</td>
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<td></td>
<td>- Irritability.</td>
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<td>burning.</td>
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<td>- Desire – Sweet.</td>
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<td>- Desire – Sweet.</td>
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<td>- Both Parents had H/O Enuresis.</td>
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<td>- Redness of anus.</td>
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<td>48</td>
<td>Master Hozefa H. Lakadiya</td>
<td>7</td>
<td>M</td>
<td>Bed wetting at night 3-4 times/week.</td>
<td>Primary</td>
<td>Urine Involuntary</td>
<td>Psora</td>
<td>Kreosote 200 s.d. per week Kreosote 200 s.d. alternate day for 3 weeks.</td>
<td>Improved</td>
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<td>&lt; First sleep.</td>
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<td>&lt; Cold</td>
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<td>- does not wake up after urination.</td>
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<td>- Tall, slender, old looking</td>
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<td>- Toothache.</td>
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<td>- Gums –swollen red,</td>
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<td>- Chily pt.</td>
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<td>- Urine foul smelling.</td>
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<td>- Gums-Swollen redness bleeding.</td>
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<td>- Tall, Slender, Old-looking.</td>
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<td>- Catches cold easily.</td>
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<td>- Mother had H/O Enuresis.</td>
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<td>49</td>
<td>Miss Shivani K. Das.</td>
<td>14</td>
<td>F</td>
<td>Bed wetting 3-4 times/week. &lt; Cold.</td>
<td>Secondary</td>
<td>Urine Involuntary.</td>
<td>Sycosis</td>
<td>Pulsatilla 200 h.s. daily 2 weeks. Pulsatilla 1M single dose per week for 2 weeks.</td>
<td>Improved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Started after death of mother.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Sensitive.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Weeps easily.</td>
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<td></td>
<td></td>
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<td></td>
<td>- Desire sour.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Thirst- 2-3 glasses/ day.</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Cold recurrent.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Both Parents had H/O Enuresis.</td>
<td></td>
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</tr>
<tr>
<td>50</td>
<td>Master Sharad S. Pandya</td>
<td>6</td>
<td>M</td>
<td>Bed wetting at night.</td>
<td>Primary</td>
<td>Urine Involuntary.</td>
<td>Tubercular</td>
<td>Causticum 200 Single dose per week for 3 weeks. Causticum 200 h.s. daily for 1 week.</td>
<td>Improved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt; Cold 4-5 times/week.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Sympathetic.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Catches cold easily.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Weak, Emaciated Pale.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Sleep – Disturbed</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Both parents had H/O Enuresis.</td>
<td></td>
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</tr>
<tr>
<td>Sr. No.</td>
<td>Name</td>
<td>Age</td>
<td>Sex</td>
<td>Chief Complains</td>
<td>Type</td>
<td>Prescribing Totality</td>
<td>Miasm</td>
<td>Treatment</td>
<td>Result</td>
</tr>
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<td>---------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
</tbody>
</table>
| 51     | Miss Kavya Patel    | 6   | F   | Bed wetting at night 4-5 times/week.  
- H/O Worms  
- Abdominal pain recurrent.  
- Whitish discoloration on face.  
- Grinding of teeth at night.  
- Sleep – Disturbed  
- Both parents had H/O Enuresis. | Primary  | Urine Involuntary.  
- Night, Cold.  
- Grinding teeth, < Night.  
- Discoloration white on face.  
- Recurrent abd Pain.  
- Sleep disturbed. | Tubercular  | Cina 200 Single dose per week for 3 weeks.  
Cina 200 h.s. daily for 1 week. | Not Improved |
| 52     | Miss Forums Langaliya | 7   | F   | Bed wetting at night.  
3-4 times/week.  
< Rainy season.  
> Summer.  
- Started after attack of anger.  
- Irritable.  
- Wants to move constantly.  
- Urticaria < rainy season.  
- Both parents had H/O Enuresis. | Secondary | Urine Involuntary.  
- Night.  
- < Rainy season.  
- Restlessness.  
- Urticaria  
- < Rainy season. | Sycosis  | Rhus tox 200 Single dose per week for 2 weeks.  
Rhus tox 200 h.s. daily for 1 week. | Not Improved |
<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Chief Complain</th>
<th>Type</th>
<th>Prescribing Totality</th>
<th>Miasm</th>
<th>Treatment</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr. No.</td>
<td>Name</td>
<td>Age</td>
<td>Sex</td>
<td>Chief Complains</td>
<td>Type</td>
<td>Prescribing Totality</td>
<td>Miasm</td>
<td>Treatment</td>
<td>Result</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- Sleep disturbed. - Weak, debilitated, pale.</td>
<td></td>
<td>&lt; Weak, anemic.</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>&lt; Sleep disturbed.</td>
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<td></td>
<td></td>
<td></td>
<td>&lt; Sensitive.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt; Chilly.</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>&lt; Emotional.</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt; Fearful.</td>
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<td></td>
<td></td>
<td></td>
<td>&lt; Sensitive.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt; Sleep disturbed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sr. No.</td>
<td>Name</td>
<td>Age</td>
<td>Sex</td>
<td>Chief Complaints</td>
<td>Type</td>
<td>Prescribing Totality</td>
<td>Miasm</td>
<td>Treatment</td>
<td>Result</td>
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</tr>
<tr>
<td>57</td>
<td>Master Dhruv Goswami</td>
<td>9</td>
<td>M</td>
<td>Bed wetting at night. 3-4 times/week. &lt;br&gt; - Started after the death of father. &lt;br&gt; - Winter. &lt;br&gt; - Urine passes with burning pain. &lt;br&gt; - Catches cold easily. &lt;br&gt; - Fear of darkness. &lt;br&gt; - Thirst for cold water. &lt;br&gt; - Both parents had H/O Enuresis.</td>
<td>Primary</td>
<td>Urine Involuntary. &lt;br&gt; - &lt; Night. &lt;br&gt; - &lt; Winter. &lt;br&gt; - Urine burning. &lt;br&gt; - Chilly. &lt;br&gt; - Fear of darkness. &lt;br&gt; - Desire cold. &lt;br&gt; - Tall, debilitated.</td>
<td>Tubercular</td>
<td>Phosphorus 200 single dose per week for two weeks. Phosphorus 200 hs for 1 week.</td>
<td>Not Improved</td>
</tr>
<tr>
<td>58</td>
<td>Master Pushpraj Jadeja</td>
<td>6</td>
<td>M</td>
<td>Bed wetting at night 4-5 times/week. &lt;br&gt; - Early part of night. &lt;br&gt; - Can not control urine. &lt;br&gt; - Dreams of ghosts. &lt;br&gt; - Easily angered. &lt;br&gt; - Hoarseness of voice. &lt;br&gt; - Father had H/O Enuresis</td>
<td>Primary</td>
<td>Urine Involuntary. &lt;br&gt; - &lt; Night. &lt;br&gt; - &lt; First part of sleep. &lt;br&gt; - Irritability. &lt;br&gt; - Dreams of ghosts &lt;br&gt; - Hoarseness &lt;br&gt; - Urine has to hurry to pass.</td>
<td>Psora</td>
<td>Causticum 1M single dose per week for two weeks.</td>
<td>Not Improved</td>
</tr>
<tr>
<td>Sr. No.</td>
<td>Name</td>
<td>Age</td>
<td>Sex</td>
<td>Chief Complains</td>
<td>Type</td>
<td>Prescribing Totality</td>
<td>Miasm</td>
<td>Treatment</td>
<td>Result</td>
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</tr>
<tr>
<td>59</td>
<td>Miss Dipali Jha</td>
<td>7</td>
<td>F</td>
<td>Bed wetting at night.</td>
<td>Primary</td>
<td>Urine Involuntary.</td>
<td>Psora</td>
<td>Kreosote 200 single dose per week for four weeks.</td>
<td>Not Improved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4-5 times/week.</td>
<td></td>
<td>&lt; Night.</td>
<td></td>
<td>Kreosote 200 single dose alternate day for two weeks.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt; First sleep.</td>
<td></td>
<td>&lt; First part of sleep.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>&lt; Wintrer.</td>
<td></td>
<td>- Tooth decayed.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Can not control urine.</td>
<td></td>
<td>- Urine has to hurry to pass.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Dreams of urination.</td>
<td></td>
<td>- Dreams of urinating.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Pain in decayed tooth.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>60</td>
<td>Master Chintan Dave</td>
<td>10</td>
<td>M</td>
<td>Bed wetting at night.</td>
<td>Secondary</td>
<td>Urine Involuntary.</td>
<td>Tubercular</td>
<td>Belladonna 200 hs two weeks. Belladonna 1M hs every week for 2 weeks.</td>
<td>Not Improved</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4-5 times/week.</td>
<td></td>
<td>&lt; Night.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Throws the things</td>
<td></td>
<td>- Anger violent, throws the things.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Anger with headache.</td>
<td></td>
<td>- Anger with headache.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Catches cold easily.</td>
<td></td>
<td>- Face red, flushed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Face red and flushed.</td>
<td></td>
<td>- Chilly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- Both parents had H/O Enuresis.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
INTERPRETATION

**Age Group Chart:**

<table>
<thead>
<tr>
<th>Age in Yrs</th>
<th>No. of Patient</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>7</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>9</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>10</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>12</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

From the study of 60 cases we conclude that maximum numbers of patients are at the age of 6 years i.e. 25%. As the age increases incidence of Nocturnal Enuresis is decreases. It is about 1-2% at the age of 15 years.
**Sex Distribution Chart:**

<table>
<thead>
<tr>
<th>Sex</th>
<th>No. of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>44</td>
<td>74%</td>
</tr>
<tr>
<td>Girls</td>
<td>16</td>
<td>26%</td>
</tr>
</tbody>
</table>

From the study of 60 cases we conclude that boys are more affected i.e. 74% than the girls i.e. 26%.
According to the types of Nocturnal Enuresis Primary Nocturnal Enuresis is found in 80% of cases and Secondary Nocturnal Enuresis is found in 20% of cases.
Regarding the miasms we conclude that Psora is found in 66% of cases, Tuberculer in 24% of cases and Sycosis in 10% of cases.
### Chart of Causes

<table>
<thead>
<tr>
<th>Causes</th>
<th>No. of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological</td>
<td>48</td>
<td>80%</td>
</tr>
<tr>
<td>Seasonal Aggravation (&lt; Winter, &lt; Rainy, Weather)</td>
<td>07</td>
<td>12%</td>
</tr>
<tr>
<td>Organic causes (Worms)</td>
<td>05</td>
<td>08%</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

From the study of 60 cases we conclude that psychological causes are responsible in 80% of cases, seasonal aggravation in 12% of cases and organic cause i.e. worms in 8% of cases.
**Chart of Family History**

<table>
<thead>
<tr>
<th></th>
<th>No. of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Both Parents had H/O of Nocturnal Enuresis</td>
<td>39</td>
<td>65%</td>
</tr>
<tr>
<td>-One parent had H/O Nocturnal Enuresis.</td>
<td>14</td>
<td>23%</td>
</tr>
<tr>
<td>-No Family History of Nocturnal Enuresis</td>
<td>07</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>60</td>
<td>100%</td>
</tr>
</tbody>
</table>

Family history is found responsible for the Nocturnal Enuresis. When both the parents had history of Nocturnal Enuresis there is 65% of cases, one parent had history of Nocturnal Enuresis there is 23% of cases and no family history of Nocturnal Enuresis in 12% of cases.
<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>No. of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belladonna</td>
<td>4</td>
</tr>
<tr>
<td>Benzoic Acid</td>
<td>3</td>
</tr>
<tr>
<td>Causticum</td>
<td>6</td>
</tr>
<tr>
<td>Cina</td>
<td>4</td>
</tr>
<tr>
<td>Equisetum</td>
<td>2</td>
</tr>
<tr>
<td>Ignatia</td>
<td>2</td>
</tr>
<tr>
<td>Kreosote</td>
<td>7</td>
</tr>
<tr>
<td>Nat Mur</td>
<td>1</td>
</tr>
<tr>
<td>Nux Vom</td>
<td>2</td>
</tr>
<tr>
<td>Phosphorus</td>
<td>9</td>
</tr>
<tr>
<td>Pulsatilla</td>
<td>8</td>
</tr>
<tr>
<td>Rhus Tox</td>
<td>7</td>
</tr>
<tr>
<td>Sepia</td>
<td>3</td>
</tr>
<tr>
<td>Sulphur</td>
<td>2</td>
</tr>
<tr>
<td>Tuberculinum</td>
<td>4</td>
</tr>
</tbody>
</table>

According to the study of 60 cases Phosphorus, Pulsatilla, Kreosote, Rhus tox and Causticum are frequently used medicines. Tuberculinum is used as an intercurrent medicine where tubercular miasm found responsible.
**Chart of Improvement:**

<table>
<thead>
<tr>
<th>No. of Patients</th>
<th>Result</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Improved</td>
<td>83%</td>
</tr>
<tr>
<td>10</td>
<td>Not Improved</td>
<td>17%</td>
</tr>
<tr>
<td>60</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

According to the study of 60 cases 83% of cases were improved with Homoeopathic medicines and 17% of cases were not improved with Homoeopathic medicines.