CHAPTER-5
SUMMARY, RESULTS, IMPLICATION AND RECOMMENDATION

SUMMARY

PROBLEM OF THE STUDY
To analyse the effect of Homoeopathic drugs in cases of Nocturnal Enuresis in Children for psychological and organic causes.

OBJECTIVES OF THE STUDY
1. To analyse the age in which maximum incidence of Nocturnal Enuresis are found.
2. To analyse which sex is more affected male or female by Nocturnal Enuresis.
3. To analyse the rate of incidence of Primary and Secondary Nocturnal Enuresis.
4. To analyse the rate of incidence of miasm Psora, Tubercular and Sycosis in cases of Nocturnal Enuresis.
5. To analyse the commonest cause leading to Nocturnal Enuresis.
6. To analyse whether family history plays role in Nocturnal Enuresis or not.
7. To analyse the most common drugs prescribed in cases of Nocturnal Enuresis.
8. To analyse the effect of drugs if it is curable or incurable in cases of Nocturnal Enuresis.

HYPOTHESIS OF THE STUDY
1. There is no difference in no. of incidence between the age group of 5-15 years in cases of Nocturnal Enuresis.
2. There is no difference in rate of incidence in male and female in cases of Nocturnal Enuresis.
3. There is no difference in incidence of primary and secondary type of Nocturnal Enuresis.
4. There is no difference in incidence of Psora, Tubercular and Sycosis in cases of Nocturnal Enuresis.
5. There is no difference in incidence of psychological, seasonal aggravation and organic causes in cases of Nocturnal Enuresis.
6. There is no difference in incidence of positive family history in cases of Nocturnal Enuresis.
7. There is no difference in the action of the drugs in cases of Nocturnal Enuresis.
8. There is no effective Homoeopathic medicine in cases of Nocturnal Enuresis.
LIMITATION OF THE STUDY

I have selected 60 cases for study, from that I could not get favourable result in 10 cases. In this research various variables were applied. Effect of psychological causes like death in the family and birth of sibling would not be under our control which hindered the result. Disharmony in family, domestic friction, unreasonably strict father or rejection by mother would act as maintaining cause. The researcher may have certain prejudice to understand psychological disturbances of the patient and thus make mistake in analysis and evaluation of symptoms which lead to the wrong selection of the drug. All the above variables are uncontrolled by the researcher leading to failure.

IMPORTANCE OF THE STUDY

Till today many research have been done on Nocturnal Enuresis but they have given importance to organic causes and the effect of allopathic drugs. Most of them overlooked psychological causes. In Homoeopathy no research has been done on this subject. In this work I have given importance to the psychological causes, seasonal aggravation and worm infestation. Other factors like age group, sex i.e. boys and girl, type of Nocturnal Enuresis i.e. primary or secondary, miasms, family history, the group of homoeopathic medicines and its effect on Nocturnal Enuresis are also considered.

POPULATION OF THE STUDY

Diagnosed case of Nocturnal Enuresis from Shri Balwantrai Mehta Homoeopathic Dispensary and Swami Vivekanand Homoeopathic Medical College and Hospital, Bhavnagar were selected.

SAMPLING OF THE STUDY

By purposive sampling method diagnosed 60 cases of Nocturnal Enuresis were taken as a sample between 5-15 years of age and from both the sexes, patients selected.
DATA COLLECTION

A standard interview form with appropriate questions regarding Nocturnal Enuresis in the form of case record was prepared. All the cases were taken with the use of case record.

Case Record

Name:

Age: Sex: Education:

Religion/Cast: Veg./Nonveg:

Father: Mother:

Age: Age:

Education: Education:

Occupation: Occupation:

Siblings: M F

Address (Resi.):

Chief Complaints

1. Frequency of urination Day/Night

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

3. Characteristics of Urine
   Profuse/Scanty
   Offensive/Non Offensive
   Watery/High coloured
4. **Sleep**
   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
   Physical Exertion after
   Fear after
   Excitement after

< **Amelioration**
   Season : Summer, Rainy season
   Consolation

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

**Associated Complaints**

**Patient as a person (attributes & Functions)**
Physical Characteristics –

Skin – Hair –

Nails – Mouth –

Gums – Teeth –

Lips –

Coldness: general – Partial –

Heat, warmth: General – Partial –

Burning: general – Partial –

Oedema: general – Partial –

Perspiration: general – Partial –

odour –

Digestion

Appetite – Thirst –

Eructation Acidity –

Flatulence – Nausea –

Vomiting – Salivation –

Taste – Colic –

Desires –

Aversions –
Elimination–

Stool– Colour– Consistency–

Odour

Urine– frequency D/Nursing

Difficult control

Thermal State

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<tr>
<th></th>
<th>Summer</th>
<th>Monsoon</th>
<th>Winter</th>
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<tbody>
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<td>Cover</td>
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<td>Fan</td>
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Menstrual History

F.M.P. L.M.P.

Menses – Regular/ Irregular / Continuous / Intermittent

Flow– Quantity–

Colour– Consistency–

Concomitants–

Before–

Beginning–

During–

After–
Leucorrhoea:

Onset--

Duration--

Character--

Concomitants / A.F.--

Prenatal history of Mother

Mental: --

Physical: --

Birth history of child

Birth weight--

Development history--

Neck holding--

Fontanelle closure--

Teething--

Walking--

Sphincter control--

Speech--

a) Stool--

b) Urine--

Breast feeding history--

Salivation--

Pica--

Worms--

Anaemia--

Immunization--

Past history

Physical Examination

Temp. --

Pulse--

B.P. --

Weight--

Nails --

Systemic Examination

Investigation

Life Space

Diagnosis of Patient as a Person
Diagnosis of Miasm

Fundamental Miasm

<table>
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<tr>
<th></th>
<th>Psora</th>
<th>Sycosis</th>
<th>Tubercular</th>
<th>Syphilis</th>
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<tbody>
<tr>
<td>Past history</td>
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<td>Family history</td>
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Dominant Miasm

a) System Actively Involved
b) Involvement of other system
c) Pathology
d) Progress
e) Present Expression

Diagnosis of Susceptibility

- General Level–
- Mental Level–
- Physical Level–
- Immunity Level–

Auxillary Measures

- Diet & Regimen–

Totality of Symptoms

Repertorization

Selection of Remedy

- Acute
- 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>
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Conclusion
DATA ANALYSIS

We can analyse data according to following criteria. We can come to know that if the case is improving or not. We also know the effect of Homoeopathic medicines.

Criteria for improvement or cure

(i) Frequency of Urine.

    Frequency

    - Per night.

    - During day.

    - Per week, month.

(ii) Psychological or Behavioral changes

    Constitutional symptoms.

(iii) Improvement in other associated or systemic symptoms

    Like worms, state of general health.

The subjective improvement of various symptoms and signs after administration of medicines were accurately monitored through regular, clinical interview session.
RESULT

1. There is no difference in no. of incidence between the age group of 5-15 years in cases of Nocturnal Enuresis.
   
   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.

2. There is no difference in rate of incidence in male and female in cases of Nocturnal Enuresis.
   
   From the study of 60 cases we conclude that boys are more affected i.e. 74% than the girls i.e. 26%.

3. There is no difference in incidence of primary and secondary type of Nocturnal Enuresis.
   
   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.

4. There is no difference in incidence of Psora, Tubercular and Sycosis in cases of Nocturnal Enuresis.
   
   Regarding the miasms we conclude that Psora is found in 66% of cases, Tubercular in 24% of cases and Sycosis in 10% of cases.

5. There is no difference in incidence of psychological, seasonal aggravation and organic causes in cases of Nocturnal Enuresis.
   
   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.
6. There is no difference in incidence of positive family history in cases of Nocturnal Enuresis.

   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.

7. There is no difference in the action of the drugs in cases of Nocturnal Enuresis.

   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.

8. There is no effective Homoeopathic medicine in cases of Nocturnal Enuresis.

   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.

IMPLICATION

Result of this research shows that Homoeopathic medicine proved very much effective in cases of Nocturnal Enuresis occurring in cases of children from 5-15 years of age. I have selected 60 diagnosed cases of Nocturnal Enuresis. From that I have treated 50 cases successfully and make the children and their parents free from anxiety. Homoeopathically one can treat the children in most harmless way without any side effects of the drugs. With Homoeopathic treatment one can make children constitutionally strong i.e. on physical and mental level so they become capable of facing any problem in future.
RECOMMENDATION

One can do further research in Nocturnal Enuresis above the age of 15 years and in old aged people. Take the detail history of the patient and parents or relatives. It helps us to find out the causes of Nocturnal Enuresis. So according to symptoms one can prescribe Homoeopathic medicine which will act on the mental sphere as well as physical sphere. Homoeopathic medicine will correct the constitution mental as well as physical by making the patient healthy and relieve the patients from Nocturnal Enuresis.