CHAPTER – 1

INTRODUCTION OF RESEARCH PROBLEM

INTRODUCTION

Nocturnal Enuresis is involuntary discharge of urine at night after the age by which bladder control should usually have been established. (If symptoms persist beyond the age of 5 years)

It is most common problem brought to the attention of pediatrician. Nocturnal Enuresis may be divided into:

a) Persistent, Primary or Continuous type.
   In which child has never been dry at night due to inadequate or inappropriate toilet training.

b) Regressive, Secondary or discontinuous type.
   In which previously continent child begins to wet the bed again after stressful episode.

Now a days we observe that parents have one or two issues thus all are given utmost importance. At the same time the financial stresses are also increasing, so to cope up with the need of the family both parents have to work. Thus we see that parents do not have much time to share with their children. They shower their children with all the material things which money can buy but have no time to train them, love them. Mother must attend her duty by leaving her infant at home. So the child is looked after by housemate or babysitter who has neither affection nor have ability to give them proper toilet training and in the whole process the child suffers from inferiority and depression which is difficult to treat. In such cases we can help them by Homoeopathic medicines which are having effect on the mental and physical sphere and make them free from Nocturnal Enuresis.

STATEMENT OF THE PROBLEM

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 number 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 causes, 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.
VARIABLES INCLUDED IN STUDY

Variable is a measurable characteristic that varies. It is any entity that can take on different values. It may change from group to group, person to person or even within one person over the time. By the variables we can come to know the effect of various condition, things or circumstances on the research.

Here in the research work of Nocturnal Enuresis we used different variables such as types of Nocturnal Enuresis, age of the patients, sex of the patients, causes of Nocturnal Enuresis and family history of Nocturnal Enuresis.

There are mainly two types of variables, Independent and Dependent variables.

**Independent variables**

Independent variables are those that the researcher has control over them. This control may involve manipulating existing variables or introducing new variables in the research setting. Whatever the cause may be, the researcher expects that the independent variables will have some effect on or relationship with dependent variables.

Here the independent variables are age of the patients, sex of the patients, causes of Nocturnal Enuresis and family history of Nocturnal Enuresis which has effect on dependent variables i.e. Nocturnal Enuresis.

**Dependent variables**

Dependent variables are not manipulated. They are observed or measured for variation as a presumed result of the variation of independent variables. It refers to the effect or outcome in which researcher is interested. The variation in the dependent variables depends on the variation in the independent variables.

Here we can see Nocturnal Enuresis is dependent variable.
OPERATIONAL DEFINITION OF THE TERMS

Primary Nocturnal Enuresis: The child has never been dry at night due to inadequate or inappropriate toilet training.

Secondary Nocturnal Enuresis: Previously continent child begins to wet the bed again after stressful episode.

Organic causes: Causes like Urinary tract infection, increased urinary volume, diabetes mellitus, diabetes incipidus, obstructive uropathy, spinabifida, worm infestation, neurogenic bladder are considered as physical causes.

Psychological causes: Psychological stress like new home, birth of sibling or death in family, interactions particularly evolving conditions leading to sustained anxiety or hostility are considered as psychological causes.

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. boy or 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.

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 mistakes 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.