CHAPTER – 2

REVIEW OF RELATED LITERATURE

INTRODUCTION

Since last few years the life become very fast. People are becoming ambitious. They want all their ambitions and material requirements to be achieved at early stage of life.

To fulfill their ambitions both the partners has to work hard. They are busy with their work. They have only one or two children. Parents have no time to spend with their children. They can provide all the material things to their children.

Mother must attend her duty by leaving her infant at home. Infant is looked after by the housemate or babysitter who has neither any affection for child nor the ability to give proper toilet training.

In this competitive era, parents are also demanding excellent performance from child in both study and extra activities. So if the child can not fulfil the demand, it leads to anxiety. Child will suffer from Nocturnal Enuresis. Later on it will cause inferiority, stress and depression. These are serious psychological disturbances and difficult to cure as the age advances. It will also affect the physical and mental growth of the child.

In allopathy there are few drugs but having harmful side effects as compared to Homeopathic harmless drugs so we as a Homeopath can help the child by relieving anxiety and stress. Our drugs increase the confidence of the child so the performance of the child will improve. Parents also will be happy with child.

Nocturnal Enuresis is involuntary discharge of urine after the age by which normally bladder control should established i.e. if symptoms persist beyond the age of 5 years

Incidence of Nocturnal Enuresis is 20% at the age of 4 years. Incidence is decreasing by 14-16% each year thereafter only 1% above 15 years.
Causative Factors

Organic causes like urinary tract infection, increased urinary volume, diabetes mellitus, diabetes insipidus, obstructive uropathy, worm infestation, neurogenic bladder are responsible for Nocturnal Enuresis.

Psychological causes like new home, birth of siblings or death in the family produces stress to the child.

The disturbed family interaction particularly evolving the condition leading to sustained anxiety or hostility.

Male is more affected with Nocturnal Enuresis than female.

It is observed that children of parents who had late control of bladder develop Nocturnal Enuresis in greater proportion than the children of parents who have control of bladder at right age.

A child’s risk for Nocturnal Enuresis has been found to be more than seven times greater if the father was enuretic.

The organic pathology can be found only in a very few cases. In most of the cases psychological stress and anxiety are causative factors. Our Homeopathic drugs help the child to overcome the stress, fear and anxiety. It will also help in building the confidence and make the child mentally fit so the child can face any psychological problem.

In allopathy imipramine is the drug but this drug has side effects such as tachycardia, dry mouth, hypotension etc., so the prolonged use of this drug is very much dangerous and harmful. They do not have safer drugs as we have.

As we know our Materia Medica is very rich in mental symptoms, we have drugs for consequences of fear, stress, anxiety etc. So we as a Homoeopath can treat the child from psychological stress, fear, anxiety, inferiority and depression with the help of similimum. Counseling of child and parents will also be a part of the treatment. We must advice the parents to decrease constant torture or pinching of the child. They must help the child in building up the confidence and decrease stress and anxiety from day to day life.

By doing all these we can offer harmless, rapid, gentle and permanent cure to the child. So both the child and the parents live peaceful.
REVIEW OF RELATED LITERATURE AS PER ALLOPATHIC VIEW

The term enuresis denotes occurrence of involuntary voiding of urine after the age at which volitional bladder control should have been established. Usually, 5 years age is considered the cut-off line for evaluation.

Enuresis may be diurnal or nocturnal. In diurnal enuresis lack of bladder control occurs during waking hours. It should be considered abnormal if it occurs more than twice a week. During the first several years after being toilet trained, some children occasionally wet themselves while awake since they remain preoccupied with play and postpone emptying the bladder. Nocturnal Enuresis is relatively more common and often a cause of considerable anxiety to the parents.

As we can see in today's world everybody lives under stress, anxiety, worries, fear, fright etc., according to their age, social status and responsibilities.

Child is having stress regarding studies, fear of failure, stress to fulfill parents desire, stress of extra curricular activities etc. Young persons have problems & stress to settle the life, middle aged and old aged persons have health problem, stress regarding their children, social status etc.

Even a child cannot escape from the psychological tension so that child remains in stressful condition, constantly persist in subconscious mind of child during the sleep also. During the sleep conscious mind is at rest but subconscious mind is always awake. These stresses, mental anxiety, fear, fight, worries are expressed on the physical level and child loses control over the voluntary muscles, sphincter of bladder during the sleep which results into Nocturnal Enuresis.

Child starts passing urine involuntary at night in bed. When he wakes up and realizes, then he feels very guilty for it, which once again increases stress, tension, anxiety and worry which further increases the problem. Parents can not accept this so they pressurize by scolding or punishing the child. As a result, Nocturnal Enuresis occurs frequently so the problem goes on worsening. It reaches to a state where the parents and child both feel helpless and wanting solution of Nocturnal Enuresis immediately.
Nocturnal Enuresis is often associated with a poor home, domestic friction & delinquency in the family. The larger the number of indices of social adversity, the greater will be the likelihood of Nocturnal Enuresis in young children. Studies have suggested that enuresis has been associated with an unreasonably strict father or rejection by the mother. Majority of the cases of Nocturnal Enuresis demand homoeopathic intervention. Homoeopathic system with its holistic individualistic and miasmatic approach is very suitable for the treatment of such condition.

Nocturnal Enuresis has been recognized as a clinical problem for more than 200 years. During eighteenth & nineteenth centuries, a wide variety of positive, painful, unethical and illogical methods of treatments were in vogue, like

Severe restriction of fluids to the point of dehydration.
Burning of the buttocks.
Tying the penis with ligatures.
Sealing the prepuce with collodian in boys.
Insertion of rubber bags into the vagina in girls.
Not allowing the child to have sound sleep.
Making the child to sleep on mattresses with protruding metal spikes or frames for pelvic elevation.
All these methods lead to psychological and physical trauma to the child and this is the time when parents should condemn these practices which are still prevalent in many countries.

All the above methods though indicating some of the etiologic assumptions would have caused lots of psychological harassment to the child. So, these methods were condemned by the modern society who proposed various approaches like waking the child during the night, fluid limitation and the administration of salt tablets at bed time but these methods do not succeed if basic underlying stress factors are not cared for.
Mechanism of Micturition

Voluntary efforts have enormous control over the process of micturition. Experimentally it has been shown that micturition can be inhibited for a longtime or started much earlier by voluntary effort. Voluntary effort can exert its influence both upon sympathetic and parasympathetic supply of bladder. It is believed that in the normal micturition there is first voluntary removal of constant inhibition upon bladder, so the lower centers are released in this way micturition begins.

When the bladder is not sufficiently filled contraction of the bladder can be brought about by stimulating the pelvic visceral nerves by voluntary efforts. Moreover raised intra-abdominal pressure caused by voluntary contraction of the abdominal muscles and of diaphragm exerts pressure upon the bladder and mobilises micturition reflex.

Micturition Reflex

The bladder increases in the size by accumulation of urine coming from ureters so the increases tension on bladder wall, which causes stimulation of proprioceptive end organs situated in the bladder wall which sends afferent impulses in the spinal reflex centre for micturition, in the reflex center for micturition (S₂ - S₄), in the reflex center for micturition in the brain stem and in the voluntary center for micturition in the paracentral lobule in the cerebral cortex.

Normally the spine reflex center for micturition is inhibited by impulse from the brain stem center even though the bladder is full. When an opportunity to empty the bladder is found the inhibition of the higher centre to spinal reflex centre is lifted and the micturition reflex begins parasympathetic efferent impulse from the spinal reflex centre to the detrusor muscle of bladder wall causes contraction of the detrusor which widens and shortens the post urethra resulting into passage of urine into the posterior urethra. Urine in the posterior urethra stimulates the spinal centre which reflexes the external sphincter of the urethra and urine flows through the urethra.
Definition

The term 'Enuresis' is derived from Greek terminology and roughly translates to mean 'to make water'.

Nocturnal Enuresis is defined as an involuntary discharge of urine at night after the age by which bladder control should have been established.

Nocturnal Enuresis up to the 5 years should be regarded as physiological in our culture provided there does not exists any demonstrable organic cause. This delayed age might be accepted in our culture as most of the parents do not bother about toilet training at right time.

Incidence

From the observation we have come to know that about:

-6% of children have acquired the dry habit at the age of one year.

-19% at the age of 18 months.

-54% at the age of 24 months.

-72% at the age of 3 years.

-93% at the age of 5 years.

-98% at the age of 10 years.

Dr. P. K. Singhal and Dr. M. S. Bhatia observed that 28% of children aged 3-12 years to be enuretic. Nearly three forth of these (75%) were in the age groups of 3-5 years. This is three times more common in boys than the girls (3:1).

About 62% children had the habit daily or almost daily, 11% frequently, 10% 3-4 times a week, 4% once or twice a month and 6% occasionally.
Etiology

A) Psychodynamic causes.

Most of the authors now believe that symptom of Nocturnal Enuresis is psychologically determined. Source of the etiological assumptions are mentioned below.

(i) Enuretic episode occurs as a part of a dream which in its manifest reveals the unconscious conflicts.

(ii) **Freud** considered enuresis to be a form of pollution or masturbatory equivalent.

(iii) **Gerald** pointed out that bed wetting occurred in a variety of emotional conflicts situations.

She spoke of

a) Regressive cases are precipitated by the arrival of a new sibling.

b) Revenge responsive cases in retaliation for a nagging, punitive attitude of the mother.

c) Neurotic cases based on unconscious fear of harm from persons of opposite sex.

(iv) **Sperling** emphasized the importance of fantasies of genital damage and contented that the wetting may represent punishment meted out to the parents for inflicting the damage and emphasizes the importance of power struggles between the mother and child.

(v) Enuresis is a wish fulfilling regression to the early stages of infancy that it serves girl as expression of the castration complex, since urine symbolizes semen and wetting is an outlet for unconscious desire for potency, that it is substitute of masturbation.

(vi) It is an expression of the child's insecurity about his position in life and a defensive compensatory continuation or return to an infantile mode of behavior.
Secondary Enuresis

The coincidence of onset of the Secondary Enuresis is with emotional disturbances of the child and the cessation with the solution of child's conflicts.

Toilet trained children may sometimes begins to wet due to

(i) Separation of mother or father.
(ii) Arrival of a new baby in the family.
(iii) Stress of the examination.

B) Toilet training and parental Attitudes.

(i) Lack of Training: It results from paternal over protection as well as lack of knowledge regarding proper training. In mothers having idea of training, the child's Nocturnal Enuresis is accepted by thinking that he is too small or delicate to be trained. Behind this there is usually the mother's desire to keep her offspring wholly dependent on her for as long as possible. So in such circumstances the child is encouraged to retain infantile mode of micturition. The mothers of such children have been either rejected by her parents or have a marital disharmony or both. So they have strong desire to keep her children tied to herself as closely as possible and it gave them satisfaction to get up several times during the night to change the children's linens.

In rural homes or in crowded urban areas where toilet facilities are outdoors or in the basement there is lack of opportunity for adequate training as well as in cold winter nights, the child is not really expected to go out in cold weather itself has a climatic influence and increases urge to urinate with no convenient opportunity for voiding and the bed is made to serve purpose.

(ii) Over enthusiastic early training.

It is harmful and may even lead to continuation of Nocturnal Enuresis beyond the physiological age.
Personalities of Enuretic Children.

a) Bißel divided it into two
(i) Children who are overactive, excitable, oversensitive and precocious.
(ii) Children, who are under active, drowsy, listless and mostly retarded.

b) Pototzky found they are intellectually deficient naturopathic groups.
(i) Spiteful: Uninhibited children who wet in order to tease their parents.
(ii) Shy; Inhibited children who wet in response to unpleasantness and fear.
(iii) Restless: Absent minded children easily distracted that they forget their urinary needs
due to lack of concentration.
(iv) Indifferent: Such children who do not care whether or not they wet.

C) Heredity:

It is believed that Nocturnal Enuresis is a hereditary trait determined by a single recessive gene substitution.

Pfister spoke of Nocturnal Enuresis As a hereditary stigma on the basis of higher frequency of psychoses and psychoneurosis in the ascendancy of the enuretic patients. In the study, emotional instability or social maladjustment was present in one or both parents in more than 3/4 of the cases. In more than half of cases one of the other member of family found to be enuretic.

D) Folk medicine

It refers enuresis to a 'weak bladder' or a 'weak kidney'. The child having weak bladder or kidney cannot help it and therefore no help is expected, one has simply wait until the organ will become stronger.
E) Organic Causes.

(i) Nocturnal Enuresis is occur in certain diseases i.e. diabetes mellitus, urinary tract infection, epileptic child, congenital anomalies of the bladder obstruction distal to the bladder neck and deformities of spine (myelodyplasia)

(ii) It could be because of small bladder in some children.

(iii) Local irritation i.e. phimosis, oedema, and hyperaemia of foreskin, adherent prepuce and excoriation of the vaginal orifice may sometimes lead to Nocturnal Enuresis.

(iv) Sleep related: It generally occurs one to three hours after falling asleep as the child is shifting from NREM (Non Rapid Eye Movement) stage for sleep to the REM (Rapid Eye Movement) sleep period. In enuretic children, this change of sleep state is associated with a body movement, increased muscle tone followed by tachycardia, tachypnoea and erection in males. Micturition occurs about 2-3 minutes after this episode. Children are difficult to awaken and when aroused indicate they did not know about micturition.

Associated Behavioural Problems

Nocturnal Enuresis is frequently associated with other behavioural problems. Children suffer from thumb sucking, nail biting, and problems of temper tantrum, tics, fecal soiling, stealing and truancy.

Goodman has reported a close association between Nocturnal Enuresis and delinquency, and felt that "Nocturnal Enuresis" in its stubborn persistence reflects psychosomatically the lack of an interval inhibitory agency, just as delinquency later reflects his lack psychologically.

A high incidence of Nocturnal Enuresis in the histories of male delinquents has also been reported. Children with sleep related enuresis have a higher incidence of associated sleep walking, sleep talking etc.
Types of Nocturnal Enuresis

a) Persistance, Primary or continuous type.

In which child has never been dry at night.

It is often the result of inadequate or inappropriate toilet training. Parents, who force their children to toilet, may mobilize an angry response, the child unconsciously defying them by wetting the bed. On the other hand, parents who are not sufficiently close to the needs of the child to support toilet training may undermine his attempts at bladder control. Chronic psychological stress unrelated to toilet training experienced during toddler period may impair the child’s ability to achieve bladder control.

b) Regressive, Secondary or Discontinuous type.

In which previously continent child begins to wet bed again. The age of onset is 5-8 years.

It is precipitated by stressful environment events such as the birth of a sibling or a death in the family, marital conflict. Move to a new place etc in both types. Organic pathology is present only in 5% of cases. These includes worm infestations, spina bifida, neurogenic bladder, urinary tract infection, diabetes Mellitus, seizure disorders etc.

Mechanism Involved for bladder control

The mechanism relevant to the acquisition of sphincter control is mainly four.
1. Maturation.
2. Development.
3. Conditioning.
4. Learning.

(1) Maturation

The mechanism of sphincter control is a complex. we must depend on the maturation of the nervous system. There is commonly a familiar pattern, just as some children are earlier or later than the others in learning to sit, walk, talk or use their eyes or ears. Some children are earlier or later than the others in controlling the bladder or bowel.
2) Development of sphincter

The frequency of urination in babies varies from child to child. There is often temporary phase of increased frequency at the age of about 21 months. At 2 ½ years there is often retention span of about 5 hours. The retention span rapidly increases with the age.

3) Conditioning

Babies commonly empty the bowel and bladder immediately after a meal, esp. in first 8 months. They can often be 'conditioned' to use the potty any time after 6-8 months of age. This condition frequently breaks down due to teething or some disturbance of routine particularly between 12 to 18 months. There is no voluntary control at this time voluntary control does not begin till about 15 to 18 months of age.

4) Learning

The first indication of voluntary control is awareness at about 15 to 18 months of age. The child is pointing it out to the mother shortly after the urination. The child is able to say 'No' with reasonable correctness when asked if he wants to urinate. He now begins to tell his mother just before he passes urine, but he does not give time to take him to toilet. The urgency decreases as he grows older and by 18-24 months he tells the mother in sufficient time for her to place him on the potty. By 2 to 2 ½ years he is able to pull his pants down and go to the lavatory. Children at 2 to 2 ½ years begin to take responsibility for not wetting their pants but they are still wet by night. By 2 ½ years the retention span is longer and between 2 ½ to 3 years if lifted out at 10 or 11 pm, he is dry in the morning. By 2 ½ years, 2/3 rd of the children are usually dry by day and half of them by night. Occasional accident may occur, till he is 4 or older. He rarely soils his pants after age of 2 years. Girls tend to acquire sphincter control earlier than boys.
Management of Nocturnal Enuresis

Treatment of child with Nocturnal Enuresis depends on understanding of possible causative factors suggested by an adequate psychological inventory and physical examination. Assessment of child must be systematic and comprehensive; it should include clinical interview and collections of behavior data, covering a 2 to 4 weeks of time. Physical examination and urine analysis is indicated.

Some General Measures Recommended for Enuresis are:

a) Restriction of fluid intake after 8 pm.

b) The child should void before retiring.

c) Waking the child repeatedly to take him to toilet is useful only in a few children it may further aggravate anger in child or parent.

d) Bladder expansion retention control training (RCT), small functional capacity has been indicated as important consideration gradual increases in amounts of liquid and asking them to retain from voiding urine for gradually extended periods of times.

e) Dry Bed Training is a multi-faceted program, incorporating positive reinforcement, RCT, nighttime awakening, negative reinforcement and full cleanliness training.

f) Urine alarm devices which sends an alarm when child voids urine and wakes him up to the toilet.

Advise to Parents

As Nocturnal Enuresis has psychological dimensions, the treatment plan should always incorporate an active participation of parents. All parents want their children to grow up into responsible, caring, happy, self-confident and respectful beings. However, parents always do not say and do right thing. The challenges of parenting are both demanding and rewarding. Being a good parent combined the demands of the most complex professions with continual opportunity to better themselves.
These are based on the works of Alfred Adler, one of the fathers of Psychiatry.

1. Be consistent with what you decide to say and do, do not give up on your child. Show your faith and allow time. Understand your child's need to belong.

2. Foster mutual respect. It means establishing sense of order, setting limits appropriate for a child's age, teaching and modeling expected behavior, being consistent and dealing them with kindness, firmness and understanding.

3. Love and accept unconditionally, in order for your child to become a responsible person with healthy self esteem, he must know of your love for him is not based on what he does but your love is unconditional. Accept your child's feelings and show empathy and let them to develop emotional control. Give them the courage to share the good as well as bad with you.

4. Take care of yourself. Many parents are guilty of having unreasonably high expectations and feel discouraged by their achievements. This way of thinking only pulls down their energy level. Look for the good you do. Get some time for yourself. A parent should have strong feelings of self worth to impact confidence to children and also terrific amount of energy to be their supporter. So take care of yourself.

Children learn best what they observe and not what they are lectured about. So parents should have-

a) The skill of communication.
b) The skill of emotional self-control.
c) The skill of self-discipline.
d) The skill of using good judgment and making good choice.
Prevention

Most important aspect of this problem is prevention by proper bladder training.

Bladder training

The bladder training is best started at 12-16 months of age, after bowel control had been to some extent established. In the process of bowel training, the child learns to void in the receptacle, since micturition ordinarily accompanies defecation. In training for bladder control, the child is placed on the toilet at a definite time during the day, preferably in relation to some event in the daily routine, so that an association may be established for example, at waking in the morning, after every sleep (nap time), before meals, after coming in from outdoors and at bed time. It is important to select times when the infant usually voids within a few minutes after wakening. The toilet seat should be comfortable with adequate back support some infants scream whenever they are placed on toilet after having accepted it for a time. In such instances, we have to look for some trifle which has been overlooked such as coldness of seat, by having slipped and nearly fallen, by fright at sound of flushing.

Another type of toilet should be used and the position of the child should be changed. If these methods fail, training should be discontinued for a few weeks during which time the disagreeable incident will usually be forgotten.

No longer than two or three minutes on the toilet should be permitted with a little training, infants with full bladder will urinate almost immediately after being seated. If the child remains on the toilet seat too long or is placed on it too often, resistance may develop. When the infant can sit steadily without support, it is advisable to teach the use of adult toilet seat when the infants has learned to urinate in the toilet at times mentioned and to remain dry during the intervals, the time between voiding is lengthened most conveniently at first by omitting the periods before meals.
Precautions

1. It is not advisable to wake the child at night for micturition unless night wetting persists after the second year.

2. The greatest hindrance to the bladder training is an irregular routine because the child often forgets one day what he has learned the day before.

3. Failures should not be treated with scolding, shame making or punishing.

4. Boys are more difficult to train than girls. They void somewhat more frequently and tend to be more resistant.

5. Many mothers complain that the child does not void or defecate while on the toilet but does so shortly after he has been removed. The reason for this is that children acquire the ability to contract the sphincter and retain the urine or stool sooner than they learn voluntary relaxation. When they are removed from the toilet and tension subsides they void or defaecate.

Nocturnal Enuresis needs urgent interventions as it may lead to one or the other complication which alter the normal psychological development of the child. Nocturnal Enuresis may lead to decrease in individual's self-esteem leading to development of a conflicted personality. Enuretic children are also more prone to urinary infection (pyelonephritis) etc.

Treatment

1. **Situational manipulation** which stresses on waking the child up during night to empty bladder and restriction of fluids (water, lemon, juice, milk, tea, etc) at least two hours before going to bed.

2. **Parental Counseling** Which include avoiding the stresses like separation from parents, parental neglect, excessive punishment or criticism by the care takers. Toilet training should be tried as described.
3. **Behavior modification techniques** include use of an alarm buzzer apparatus (Fig.1) which is kept on the bed and starts ringing as soon as it becomes wet by patient's urine. Child, then wakes up to pass urine at proper place on the basis of these guidelines, a number of children shows significant improvement.

(Fig.1)

**Drug treatment** should be tried only after consulting a physician in very resistance cases as drugs help in stopping Nocturnal Enuresis only temporarily and majority will show recurrence of the problem. Drug treatment, if required, should always accompany with behaviour modification methods as mentioned above.

4. Sometimes it may be associated with urinary tract infection, worm infestations etc., that should be dealt according to the complaints.

Whenever we find psychological cause is responsible to cause Nocturnal Enuresis. Homoeopathy will prove superior then the other pathies. In our Materia Medica we have number of drugs which have the capacity to modify the mental state of child. So we can change the mental state of child. Once we hit to the target causation definitely the disease will be eradicated. But one should not forget that with the medicine various other parameters are to be modified which are already mentioned before.
REVIEW OF RELATED LITERATURE AS PER HOMOEOPATHIC VIEW

Homoeopathic Approach of Nocturnal Enuresis

Homoeopathic science is very rich in number of drugs. We are having medicines from different sources such as animal kingdom, vegetable kingdom, minerals, nosodes, sarcodes and imponderabilia.

Medicines are prepared from parts, organs or secretions of animals in animal kingdom. Whole plant or the parts of plant is used to prepare medicine in vegetable kingdom. Chemicals or chemical compounds are used in mineral kingdom. Disease products or secretions are used to prepare drug in nosodes. Healthy secretion from the glands is used to prepare drug in sarcodes. Imponderabilia having drug prepared form energy or rays e.g. x-rays.

In Homoeopathic Materia Medica, we find symptoms from head to foot. We prove our drugs on healthy human beings so our Materia Medica is rich in subjective symptoms and mental symptoms. We find real feeling of a prover on physical and mental level. So we can treat patient with physical and mental symptoms both.

When in other pathies they prove drugs on lower animals so they find only objective symptoms. They have to depend only upon the physical symptoms of the patient to treat them.

As we have seen in Nocturnal. Enuresis, most of the causations are psychological. Very few cases are having organic cause. So for the psychological symptoms/causations, we are having plenty of drugs - which we can prescribe and make the patient free from the Nocturnal Enuresis.

Homoeopathic medicines are prescribed mainly on the symptoms collected during the case taking that is physical and mental both.
(1) **Constitutional Remedies** - The physical and mental built up of a patient is called the constitution. The drug is prescribed on the constitution known as a constitutional remedy.

(2) **Miasmatic Remedies** - The drug is prescribed on the basis of miasm involved. An anti-miasmatic drug is used as an intercurrent remedy.

(3) **Acute Remedies** - Acute phase of complaints or remedy prescribed on acute symptoms of a patient. It is known as acute remedies.

(4) **Specific Remedies** - It is prescribed according to the disease and specific complaints from which patient is suffering.

Constitution is usually developed fully after 7 years of life. The first 7 years of life is called a developmental period. During this period various factors such as environment, circumstantial problems either in the family, society or school, relationship between the child and family members esp. the parents, relationship with the person to whom child is attached e.g. teachers, maternal uncle, aunt will have the impact on the child’s development and hence constitution is still in developing and innate characteristics are not expressed. So, the exact constitutional disposition is available only after 7 years of life. Before 7 years we have to prescribe a deep acting remedy which is based on present totality.

Following are the Homoeopathic drugs with their symptomatology for the Nocturnal Enuresis.
Nocturnal Enuresis in Children

_Aconite:_

Complaints from fear, fright, chill, cold dry wind, heat, injury, shock, surgical operation.
Restlessness, anguish, tension, anxiety, fearful, sadness, clairvoyance.
Rosy, chubby, strong, plethoric children with sanguine temperament.
Enuresis with unquenchable thirst for large, quantity of cold water.
Scanty, burning and deep red urine.
Involuntary urine from relaxation of neck of bladder.
Anxiety always on beginning to urinate.
< At night, cold wind.

_Aethusa Cynapium:_

Complaints during dentition and summer weather,
Weeping, anguish and expression of uneasiness and discontent.
Idiotic, confused and unable to think.
Child with sunken face and marked linea nasalis.
Physically the child is too weak to stand or hold up the head.
Cutting pain in bladder with frequent urging to urinate.
Enuresis associated with gastric complaints and convulsions.
< 3 to 4 am.

_Alumina:_

Complaints from anger, disappointments, lifting, bodily exercise.
Anguish, anxiety, apprehension, very sad, impulsive, obstinate.
Very hasty and hurried, with confusion of mind.
Children are spare, dry, and thin with dark complexion.
Suffers from chronic diseases.
Lack of vital heat.
Paretic condition of bladder muscles, must strain at stool in order to urinate.
Frequent desire for urine at night.
Nocturnal Enuresis with turbid and white urine.
< winter,
> Summer.

Ammonium Carb.:-

Complaints from exposure to cold and stormy wet weather.
Sad, weepy, forgetful and ill humored.
Children are stout, fleshy and delicate with haemorrhagic diathesis.
Chilly patients take cold easily.
Always tired and weary.
Passes involuntary urine at night.
Wetting of bed towards morning.
Frequent and profuse micturition
< Cold, wet weather.
> In dry and warm weather.

Anacardium: -

Hypochondriacal, sadness, anxiety, irritability, apprehension and fear.
Weakness of memory.
Weakness of all senses.
Pale face with blue ring around the eyes.
Frequent desire for clear, watery urine.
Irritability of bladder.
Increases frequency of micturition at night.
< by mental work.

Anatherum: -

Constant urging to urinate.
Involuntary urination.
Bladder cannot hold small quantity of urine.
Thick, turbid urine full of mucus.
Apis melifica:-

Complaints from grief, fright, rage, vexation, jealousy, mental shock, hearing bad news, suppressed sensation.
Irritable, nervous, fidgety, apathy, indifference, listless, stupor.
Strumous constitution and bag like swelling under the lower eyelids.
Pale waxy oedematous face.
Frequent and involuntary urination.
Burning and soreness while urination.
Urine scanty and high colored with thirstlessness.
< closed, warm, heated room.

Apocynum:-

Complaints from relaxation of sphincters.
Bewildered, dull, unable to think, cannot concentrate thoughts.
Children suffer from dropsies, anasarca, hydrothorax and urinary troubles esp.
suppression and strangury.
Thirstlessness, urine scanty but flows as easily as oil.
Severe expulsive pain in bladder.
Copious urine almost involuntary due to weakness of sphincter.
Profuse light colored urine.
Smarting and burning pain in urethra.
Little expulsive power of bladder.
< Cold weather, cold drinks.

Argentum Nitricum:-

Complaints from apprehension, fear, fright, worry, mental strain.
Great apprehension, fearful, nervous, impulsive, hurried, melancholic, and irritable.
Hysterical, nervous or hydrogenoid constitution.
Carbo-nitrogenoid or hydrogenoid constitution.
Cachectic, withered, and dried up, old looking young persons with bilious temperament.
Having history of unusual or long continued mental exertion.
Involuntary urination day and night.
Urine is scanty and dark.
< Cold food, eating sweet.

*Arnica*:-

Complaints from mechanical injuries, fall, blow, hard work, fright and anger.
Hypochondriac, despair, anxious, restless person with anguish and excitement.
Depression of spirit, absence of mind.
Sanguine, plethoric persons with lively expression and redness of face.
Who are disposed to cerebral congestion.
Nervous temperament.
Involuntary urination at night in bed and in day when running.
Frequent micturition with pale urine.
Ineffectual attempts to urinate.
Tenesmus with spasmodic retention of urine and pressure in bladder.
< Damp cold weather.

*Arsenicum Album*:-

Complaints occur in winter, from chill, fright, grief, care, strain.
Bad effects of quinine and iodine.
Fearful restlessness, anxiety, anguish, irritability, melancholy, hypochondriac.
Lean, thin, debilitated children.
Scrofulous diathesis.
Enuresis frequently at night with large quantity of urine.
Strangury with red urine.
Ischuria with pain in bladder.
Burning micturation
Thirst for small quantity of water at frequent interval.
< Mid night, cold food and cold drinks.
> By heat.

**Atropinum:-**

Mental excitement.
Spectral illusions, sees insects and crawling things and tries to catch them.
Nocturnal Enuresis.
Frequent, scanty, involuntary, micturition
Tenesmus, frequent and ineffectual desire to urinate.
Micturition difficult and in drops.

**Aurum Metallicum:-**

Effects of grief, fright, anger and reserved displeasure.
Melancholy with desire to die.
Irresistible impulse to weep.
Hopeless, disparate, anger and passion alternates.
Quarrelsome, grumbling, weakness of memory.
Sanguine, ruddy persons.
Low-spirited, lifeless, pining boys.
Constitution broken down by bad effects of syphilis and mercury.
Constant desire to urinate.
Infrequent micturition, with scanty yellow urine.
Frequent emission of watery urine.
Urine-turbid, like butter milk with thick sediment.
< Winter.
< From cold.

**Aurum Sulphuratum:-**

Frightful dreams, dreams of thieves.
Desire for solitude.
Nocturnal Enuresis.
Thick, yellow, red and sandy urine.
**Baryta Carb.-**

Complaints from suppressed foot sweat and emotional disturbances.
Confused, idiotic, loss of memory, mental weakness.
Loss of confidence, childish behaviour.
Mentally deficient and physically weak.
Children having short stature, swollen abdomen, puffy face, enlarged glands, thick lips and idiotic look.
Frequent desire of urination, after urinating, passes a few drops of urine involuntarily when walking.
She cannot retain the urine, it passes quickly.
Micturition twice every night with much urine each time.
During urination, burning in urethra.
< Cold, winter.

**Belladonna:-**

Complaints from exposure to cold wind, heat, getting wet, sun, and summer complaints.
Great excitement and violence.
Bilious, plethoric persons with redness of face.
Lymphatic constitution with fine complexion and delicate skin.
Frequent emission of urine with profuse perspiration, thirst, increased appetite, diarrhoea and obscured vision.
Involuntary emission of urine in the night during sleep. Involuntary micturition during deep sleep in daytime.
Paralysis of neck of bladder.
Stricture of urethra.
Sensation of motion in bladder as from worms.
Nocturnal pressure in the bladder with shooting, burning pain in renal region.
< Night, after mid-night.
> In warm room.
**Benzoinm Acid:**

Complaints due to H/O gonorrhoea or suppressed gonorrhoea.
Depressed, dwelling on unpleasant happenings of the past.
Omits words in writing.
Nocturnal Enuresis with strong, dark urine.
Vesical catarrh from suppressed gonorrhoea, calculi or gout.
Urine smells like horse's urine.
Urine offensive, hot with burning pain in Lt. Kidney.
Urine- profuse, aromatic, thick, turbid with traces of hippuric acid.

**Bryonia:**

Complaints due to anger, fright, chagrin, mortification, from taking cold food and cold drinks.
Exceedingly irritable, anxiety, restlessness, with fear of future, desire to run away.
Tall, slender children having dark hair, dark complexion and firm muscular fibers.
Urgent inclination to pass urine without power of retention.
Frequent passage of watery urine.
Feeling in the bladder on urination as if not finished and few drops pass involuntary.
Frequent micturition at night.
Involuntary emission of hot urine when moving.
Burning and incisive pain in urethra before urination.
Wetting pain and constriction sensation while urinating.
< From heat of room.

**Cactus Grandiflorus:**

Complaints in the damp weather and from disappointment of love.
Sadness, melancholy, hypochondriac, fear of death.
Plethoric, full blooded children.
Constriction of neck of bladder.
Frequent urging at night, with a copious flow each time.
Ineffectual urging urine passes by drops with much burning.
Involuntary micturition in sleep at 5 am – frequent and copious urination.
Irritation in urethra as if he should urinate constantly.

**Calcaria Phosphorica:**

Complaints from over study, grief, disappointed love, unpleasant news, and getting wet.
Peevish and fretful children having difficulty in performing intellectual operation, slow comprehension.
Thin, spare, emaciated children having sunken flabby abdomen, soft bones bent disproportionately.
Enlarged head with weak emaciated neck.
Violent pain in renal region when lifting or blowing the nose.
Enuresis, frequent micturition.
Urine passes in large quantity with sensation of weakness.
Cutting pain in urethra before and after urination, burning pain during urination.
Urine, deep coloured, hot, phosphatic.
< Cold damp weather.

**Cantharis:**

Complaints due to urinary tract infection and inflammation.
Anxious and lachrymose.
Constant and intolerable urging to urinate with painful emission, drop by drop.
Burning, stinging and tearing in the kidneys.
Emission of blood drop by drop.
Purulent urine burning, smarting pain on urination.
Most violent cystitis with intense tenesmus, constant desire to urinate. Urine is bloody and scanty.
< By drinking and cold water.
Carboneum Sulphuratum:-

Childish, idiotic and irritable.
Stitching and cramping pain in bladder and neck of bladder.
Involuntary micturition with frequent desire to pass urine.
Tickling in fore part of urethra.
Inability to retain urine.

Carbo vegetabilis:-

Complaints from ice-water, strains, over-working, change of weather and damp weather.
Despair with lachrymose mood.
Frequent, anxious and urgent inclination to urinate, day and night.
Wetting the bed.
Urine red and very deep colored as if it were mixed with blood.
Smarting on urination.
Constriction of urethra every morning.
< From cold, damp weather.

Causticum:-

Complaints from fright, grief, sorrow, and from sudden emotions.
Sad, hopeless, intensely sympathetic.
Child does not want to go to bed alone, least thing make it cry.
Children with shallow complexion, dark hair and rigid muscular fibers.
Physically very much weak, emaciated and anaemic.
Involuntary emission of urine, during day.
Emission of urine at night and wetting the bed during first sleep at night.
Frequent inclination to urinate, with thirst and scanty urine.
Profuse urine at night.
Involuntary urine when coughing, sneezing and from slightest excitement.
Loss of sensibility on passing urine.
< Cold winds, clear fine weather.
> Heat of bed, in damp wet weather.
**Chamomilla:-**

Complaints from anger, indigestion, and dentition.
Peevish, sensitive, restless, irritable, impatient, spiteful, snappish.
Cannot bear anyone near him and cannot bear to be spoken to.
Children with light brown hair.
Involuntary micturition with biting pain in urethra when urinating.
Inclination to urinate with anxiety.
Urine hot and yellowish with fleecy sediment.
Micturition in a weak stream.
< By heat, open air, wind.
> Warm wet weather.

**China Officinalis:-**

Complaints from mental emotions, anger and bad effects of tea drinking.
Apathetic, indifferent, disobedient, taciturn, despondent.
Pumped out or broken down constitution from loss of vital fluids.
Robust, strong, healthy, stout child become weak, debilitated, and exhausted.
Involuntary micturition in feeble, slow, stream at night.
Pressure in bladder after frequent and ineffectual efforts to urinate.
Urine-turbid, dark, scanty or white & turbid.
Urine scanty, greenish, yellowish with sediment like brick dust.
< Draught of air.
> By water.

**Chloralum:-**

Night terrors in children,
Muscular prostration.
Involuntary micturition at night and in bed without knowing it.
Frequent and profuse micturition.
Urine is aluminous.
< After hot drinks, stimulants.
Cina:-

Complaints from worm's infestations.
Children are ill humored, very cross, does not want to be touched, crossed or carried.
Desires many things, but rejected when offered.
Children with dark hair and complexion, pale, sickly body, whitish or bluish appearance around the mouth, with dark ring around the eyes.
One cheek is red another is pale.
Involuntary emission of urine, wetting of bed.
Frequent desire to urinate with profuse urine all day.
Urine soon becomes turbid and white, turns milky on standing.
< In sun summer.
< After taking sweet.

Coca:-

Complaints from slightest exposure to cold.
Exhausted nervous system from physical and mental strain.
Melancholy, bashful, irritable, great mental excitement.
Prefers solitude and darkness.
Weakly, nervous children with marasmus.
Nocturnal Enuresis frequent desire with increased flow.
Disturbed frequently at night.
Yellowish red flocculent deposit.
Oily scum on surface.
< Winter.

Conium:-

Complaints from grief, excitement, over work and blow or fall.
Depressed, timid, weakness of memory.
No inclination for study, unable to sustain any mental work.
Aversion to society, afraid of being alone.
Children having light hair and rigid muscular fibers, easily exhausted and excited.
Nocturnal urination, frequent, involuntary emission of urine.
Flow of urine attended by great pain.
Burning and shooting pain in urethra esp. after emission of urine.
Frequent micturition without ability to retain urine.
Strangury, Ischuria and haematuria.
< By exposure to cold.

_Crotalus Cascavella:_

Complaints from fear and fright.
Hears a strange voice.
Attempts to throw herself out of window.
Anxiety with thoughts of suicide.
Involuntary urination during sleep.
Copious urination.
< By cold washing, night.

_Cuprum Metallicum:_

Complaints from fright and fear.
Fearful, malicious and morose.
Fix ideas, melancholy, obstinacy.
Fair children having carbo-nitrogenoid constitution
Involuntary micturition, wetting the bed at night.
Urgent desire to pass urine with scantily emission.
Frequent emission of foetid, dark red, turbid and viscid urine.
Burning shooting pain in urethra, during and subsequent to the emission of urine.
Urine-scantly, scalding and tingle with blood.
<from getting wet.
**Dulcamara:-**

Complaints from exposure to cold, getting wet in rain, damp cold weather, wading in water with bare foot, during hot days and cold nights.
Mental confusion, irritable, impatience and restlessness.
Nocturnal delirium.
Suited to children of phlegmatic, scrofulous constitution.
Involuntary discharge of urine, as from paralysis of the bladder.
Difficult and painful urination, urine passes drop by drop.
Catarrh of bladder due to taking cold.
Inflammation of kidneys with suppressed urine.
Pulsating pain outward in urethra.
Thickening of bladder which discharges of mucus from urethra.
Stricture of urethra, turbid and whitish urine.
Catarrhal ischuria in grown up children with milky white urine.
Increases frequent of urine by taking little cold.
< Cold, damp wet weather.
> By warm air, warm dry weather.

**Equisetum:-**

Complaints due to paralysis of bladder.
Very irritable and easily fatigued.
Enuresis nocturnal and diurnal with vesical irritation, urine contains blood and mucus.
Cystitis with tenderness over region of bladder and pain as from distention.
Dysuria with extreme pain and frequent urging.
Constant desire to urinate, not > by profuse urination.
Frequent micturition at night.
Urine–cloudy with excess of mucus.
Incontinence of children with dreams or night mares when passing urine.
*Eupatorium Purpureum*:-

Depressed, home sickness, hysterical and low spirited.
Enuresis with constant urging to urinate passes only few drops.
Chronic and sub acute inflammation of bladder with dysuria.
Acting on kidneys and bladder.
Dull and cutting pain in kidneys.
Smarting and burning in bladder and urethra.
Bladder affections while suffering from severe cold.
Nephritis and diabetes insipidus.
< By taking cold.

*Ferrum*:-

Complaints due to loss of vital fluids and abuse of quinine.
Irritability, anxiety, excited from slightest opposition.
Slightest noise is unbearable.
Pale, weak, delicate and chlorotic children having fiery red face.
Sanguine temperament and easily vexed.
Nocturnal Enuresis, involuntary urination during the day, the child acts himself ever while walking.
Pain in the bladder.
Constant desire to urinate with pain in liver, chest and kidneys with tickling in urethra.
Urine is bloody red in colour contains blood cells.
Albuminuria.
< After cold washing, over-heating, at mid-night.
Ferrum Phosphoricum:-

Complaints due to checked perspiration in warm summer day, mechanical injuries.
Talkative, unnatural excitement, delirium tremens, cannot concentrate, impaired memory.
Emaciated children having leuco-phlegmatic temperament.
Nocturnal Enuresis from weakness of sphincter.
Enuresis during the day from irritability of trigone.
Frequent desire to urinate, urgent with pain in neck of bladder and end of penis.
Must urinate immediately which relive the pain.
< At 4 to 6 am.

Graphites:-

Complaints from the grief, fear and over lifting and extremes of heat and cold.
Sad, despondent, apprehensive, indecisive.
Want of disposition to work.
Fair, fatty and flabby children with waxy anemic face, unhealthy skin, brittle and deformed nails, having habitual constipation.
Nocturnal emission of urine, wetting the bed at night with eruption of grap.
Pain in coccyx when urinating.
Urine of an acrid sour smell.
Scanty deep coloured urine becomes turbid with white or reddish sediments.
< Cold drinks.
> By warm drink.

Hepar Sulph.-

Complaints from cold dry wind and injuries.
Irritable, oversensitive, sad, depressed.
Anguished, quarrelsome.
Torpid, lymphatic constitution with light hair and complexion. Muscles are soft and flabby.
Nocturnal Enuresis, wetting the bed at night.
Emission of blood after urination.
Burning in urethra during micturition
Redness and inflammation of the orifice of the urethra.
Urine slow and turbid with whitish sediments.
Urine passes slowly without force, drops vertically, must wait before urine flows.
Urine acrid and burning, making inner surface of prepuce sore and ulcerated.
< Cold weather and cold drinks.
> By warmth.

*Hyoscyamus*:-

Complaints from fear, fright, intestinal worms, disappointments, jealousy and rage.
Suspicious, talkative, obscence, lascivious mania, jealous and foolish.
Low muttering delirium, deep stupor.
Nervous, irritable excitable and sanguine, children with light hair and pale face.
Involuntary emission of urine from paralysis of bladder.
Urine copious and clear like water.
Frequent desire to urinate with scanty emission esp. at night.
< Cold, mental affection.
> By warmth.

*Ignatia*:-

Complaints from grief, fright, worry, disappointment, jealousy and spinal injury.
Nervous, apprehensive, melancholic, sad, tearful sighing, sobbing, silent brooding.
Changeable mood, indifferent and weakness of memory.
Children with dark hair and dark complexion, with quick perception.
Involuntary emission of urine.
Urgent and irresistible desire to urinate.
Continuous desire to urinate after taking coffee.
Burning and smarting in urethra during micturition.
Frequent and copious emission of watery urine.
< Mental emotion, grief, anger.
> Warmth.

**Kali Bromatum:**

Complaints from anger, fright, worry and emotional disturbances.
Profound melancholic delusion, religious depression, illusion.
Loss of memory, failure of mental power.
Children who are obese and nervous with paroxysmal numbness.
Nocturnal involuntary emission of urine.
Urine pale, frequent, copious with thirst and loaded with sugar.
Pain in renal region and neuralgia of bladder.

**Kreosotum:**

Complaints from cold weather.
Stupid, forgetful irritable, apprehensive.
Child wants everything but throws it away when given.
Music causes weeping.
Children who are tall, slender, old looking wrinkled, scrofulous with rapid emaciation and difficult dentition.
Haemorrhagic and a scrobutic diathesis.
Enuresis in the first part of night.
Cannot get out of bed quick enough during the first sleep.
Pt. must hurry when desire comes to urinate.
Can urinate only when lying.
Dreams of urinating.
Violent itching of uvula and vagina.
< When urinating.
Burning corrosive urine.
Frequent and urgent desire to pass the urine.
< Cold, rest, open air.
> Warmth.

*Lac Caninum:*

Complaints from fall.
Forgetful, despondent, attacks of rage.
It is used as a specific drug for Nocturnal Enuresis.
Involuntary urination, after waking pt. having immediate urge to urinate.
Urination causes intense pain in urethra.
> By cold, cold drinks.

*Lycopodium:*

Complaints from fever, fright chagrin, anger, vexation, anxiety.
Melancholy, loss of self-confidence.
Confused, sad, fearful, hurried.
Children intellectually keen, but physical weak, anaemic, pale with unhealthy complexion.
Looks older than the age.
Involuntary micturition urgent desire to urinate, with frequent emission of large quantity of urine at the night, scanty micturition by day.
Urine-deep coloured, with reddish sediment.
Children often cry out with pain before urinating.
< From heat.

*Magnesia Phosphorica:*

Complaints from cold wind, working or standing in cold water, dentition, catheterization.
Mental depression and anxiety, drowsiness, forgetful, dullness and inability to think, nervousness.
Indisposition to mental work.
Thin, emaciated children of dark complexion.
Nocturnal Enuresis from nervous irritation.
Enuresis after catheterization.
Spasm of neck of bladder, tenesmus with constant and painful urging.
When urination- violent, shooting, burning pains.
Mucous discharge from urethra.
Cutting pain in bladder before urinating.
Restless sleep due to urging.
< Cold
> Warmth.

*Magnesia Sulphurica:*

Melancholy and disposition to weeps, apprehension, restlessness.
Involuntary emission of urine at night.
Increased secretion of urine.
Emission of urine drop by drop.
Streams intermittent and dribbles.
Stitches and burning in orifice of urethra after urination.
Urine is greenish in colour or clear.
Urine copious, bright yellow, becomes turbid soon and deposits copious red sediments.

*Medorrhinum:*

Complaints in children having family history of gonorrhoea.
Weak memory, hopelessness, nervous, peevish, restless, melancholy with suicidal thoughts.
Children dwarfed and stunted.
Weak, fatigue and emaciated.
Nocturnal Enuresis in children with history of gonorrhea in parents.
Passes large quantity of urine every night.
Painful tenesmus when urinating.
Great pressure in bladder.
Urine scanty, high colored renal pain > by urination.
< Over work, cold.
**Mercurius:-**

Complaints from night-fright, suppressed foot-sweat.
Weakness of memory, slow in answering, loss of will-power, weary of life, great apprehension, hurried.
Children having light hair, lax skin and lax muscle.
Scrofulous children.
Child wetting the bed at night
Involuntary emission of urine, urgent desire to urinate.
The quantity of urine emitted is greater than the quantity of the fluid drunk.
Urine-acrid, turbid, too frequent, burning while passing and after cystitis.
With continued desire to urinate day and night.
Irresistible, sudden desire to urinate.
&lt; Damp wet weather.
&gt; Warm room, warm bed.

**Millefolium:-**

Complaints from fall from height, over-exertion and lifting.
Irritable, dullness and confusion of head and groaning of children.
Children having haemorrhagic tendency and sprain.
Atonic condition of bladder.
Involuntary urination &lt; At night.
&lt; Over exertion.

**Muraticum Acidum:-**

Complaints from exposure to sun.
Irritable, fretful, sad, taciturn, great restlessness.
Children with black hair, dark eyes and dark complexion.
Involuntary urination due to relaxation of bladder and neck of bladder.
Slow micturition due to lack of power of bladder to expel urine, has to wait for the longtime to pass urine.
Frequent desire to urinate.
Immoderate emission of aqueous urine.
Cannot urinate without having the bowel moves at same time.
< Damp weather.
< Before midnight.

*Natrum Carbonicum:*

Complains from over study, strain, heat, cold drinks, when over heated.
Mental weakness and depression, unable to think, slow and difficult comprehension, worried.
Anxious and restless during thunderstorm, music is unbearable.
Children with pale face and blue ring around the eyes, leucophlegmatic constitution.
Involuntary micturition, child wets the bed at night.
Frequent and copious micturition at night.
Urine bright yellow, sour or foetid smell like horse urine.
Burning in urethra during and after emission of urine.
Jerks, acute pulling and smarting in urethra.
< Thunderstorm, heat
< Mental exertion.

*Natrum Muriaticum:*

Complaints from disappointment, fright, taking excessive salt.
Psychic causes are responsible for Nocturnal Enuresis.
Depressed, irritable, awkward, hasty, lachrymal disposition, hypochondriacal mood, dream of robbers.
Emaciated children with shiny, oily waxy look of skin, blue ring around the eyes.
Nocturnal emission of urine.
Frequent and urgent desire to urinate day and night, sometimes every hour with profuse urine.
After micturition burning, drawing and cutting in urethra.
During micturition stitching, smarting and burning in urethra.
Urine dark, reddish, coffee or black coloured.

< Heat of sun.

< Mental exertion.

**Nitricum Acidum**:–

Complaints from long lasting anxiety, over exertion of mind and body, anguish from loss of a dearest friend.

Irritable, hateful, vindictive, hopeless, despair, headstrong, anxious, sad, depressed.

Thin, weak, debilitated children having dark hair and dark complexion, anaemic emaciated, broken down constitution.

Involuntary micturition in children especially at night.

Frequent, copious micturition with burning in bladder and cutting colic.

Urine with intolerable offensive smell like horse's urine.

Swelling and needle like stitching in orifice of urethra.

Ulcers in urethra.

Urine is cold when passing.

< after mid-night

< Change of weather.

**Opium**:–

Complaints from fear, fright, anger, shame and sudden joy.

Frightful fancies, wants nothing, complete loss of consciousness.

Delirious talking with open eyes.

Children with light hair, lax muscles and want of bodily irritability.

Involuntary micturition with frequent scanty micturition.

Acute, spasmodic contraction of urethra, with passage of bloody urine.

< Heat

< During sleep

> Cold applications.
**Oxalicum Acidum:**

Complaints from drinking coffee.
Diminished concentration, great cheerfulness and clearness of mind.
Aversion to talk.
Nervous and blend children.
Involuntary micturition, by drops at night with burning.
Nocturnal Enuresis with sharp, shooting pain in region of kidneys.
Frequent and copious urination.
Oxaluria, Albuminuria.
Burning in urethra and pain in glans when urinating.
Must urinate when thinking of it.
< By thinking of complaints.

**Petroleum:**

Complaints from fright, vexation and mental emotion.
Irritable, easily offended, low spirited, vexed.
Feels that death is near.
Children with light hair and light skin suffer from cutaneous eruptions.
Involuntary emission of urine at night, wetting the bed due to atony of urinary bladder.
Urine is bloody and turbid contains albumin, hyaline and granulated casts.
< Winter, dampness.
< Before and during thunderstorm
> Summer, dry weather.

**Phosphoricum Acidum:**

Complaints from grief, bad news, disappointed love, separation from home, over study, shock.
Apathetic, indifferent, listless, impaired memory, difficult comprehension.
Delirium with great stupefaction.
Children with strong constitution become debilitated by violent acute disease or loss of vital fluids.
Pale, sickly complexion, sunken eyes, surrounded by blue margins.
Nocturnal Enuresis children pass a great deal of water in bed at night.
Urgent and irresistible desire to urinate.
Anguish and uneasiness before urinating.
Burning in urethra during and after micturition.
Urine milky mixed with jelly like bloody pieces.
Clear, watery urine, forms white cloud due to presence of phosphates
  < Mental affections
  > By warmth.

*Phosphorus:*-

Complaints from anger, fear, worry, mental exertion, exposure to drenching rains.
Lowness of spirit easily vexed, fearfulness, clairvoyant, over sensitiveness, ecstazy.
Great tendency to start, excitable, restless, fidgety, indifferent.
Tall, slender children with narrow chest, fair, thin, transparent skin, delicate eyelashes, beautiful to look, fine blond or brownish red hair.
Children grow too rapidly and inclined to stoop.
Involuntary urination at night.
Increased secretion of urine with frequent emission.
Urine with white, serous, sandy and red sediment, haematuria.
Smarting and burning sensation when urinating.
  < Physical or mental exertion
  < Change of weather.
  < Getting wet.

*Physalis:*-

Nocturnal Enuresis.
Acrid, foul smelling urine.
Increases frequency of urine at night.
Sudden inability to control the urine.
< Cold damp weather.

*Plantago:*

Inactive, dull, despondent, irritable, impatient, restless, mental prostration.
Nocturnal Enuresis from laxity of sphincter.
Irritable bladder with frequent and copious micturition
Tenderness over kidney region.
Sudden, darting, stinging, sharp, cutting pain in urethra from within out.
Urine dark colour, strong odor with white sediment.
< At night, cold
< Mental exertion.

*Podophyllum:*

Complaints from over lifting and over straining.
Loquacity, delirium, depression of spirit.
Children suffer from gastric derangement, diarrhea in summer and during dentition.
Nocturnal Enuresis with frequent, profuse urination immediately after drinking.
Painful micturition with yellowish or reddish urine with sediment.
< Early morning.
< Hot weather.

*Psorinum:*

Complaints from emotions, mental labour and in stormy weather, exposure to cold, suppression of skin eruption.
Hopeless, melancholy, despair of recovery, religious, suicidal tendency.
Lean, thin children with skin eruption having filthy smell of the body.
Pale, sick, scrofulous children.
Involuntary urination with frequent micturition at night.
Cutting and burning during micturition.
Urine with red sediment.
Sticking inwardly from orifice of urethra.
< Change of weather
< From cold.

**Pulsatilla:-**

Complaints from chill, getting wet and worm infestation.
Timid, irresolute, weeps easily likes sympathy, highly emotional, easily discouraged. Religious melancholy.
Anaemic, chlorotic, fair, beautiful looking children with fine hair, blue eyes, soft and lax muscles.
Involuntary micturition at night in bed especially in little girls.
Increased desire to urinate with profuse urine weakness in loins and diarrhoea.
Burning in orifice of urethra during and after micturition.
Spasmodic pain in bladder while urinating.
< Heat, warm room.

**Rhus Tox:-**

Complaints from anger, cold, damp wet weather, wetting in rain, over-excretion.
Restless, listless, sad, delirium with fear of being poisoned, thoughts of suicide.
Children who are susceptible to cold.
Nocturnal Enuresis due to paralysis of bladder.
Frequent and urgent desire day and night with profuse emission of urine.
Deep coloured, irritating urine which soon becomes turbid with white sediments.
Stitching pain from both sides upon bladder while urging to urinate.
Pain and soreness over kidneys regions.
Inflammation of bladder with tenesmus.
< Cold, wet rainy weather.
< During sleep, at night.
> Warm dry weather.
**Ruta:**

Complaints from mechanical injuries, and fractures.

Despair, lassitude, quarrelsome, dissatisfied, anxious, melancholy, absence of mind.

Children with scrofulous exostosis and warts esp. on palms of hands.

Involuntary emission of urine at night in bed.

Urgent desire with pressure on bladder and scanty urine.

Pressure in neck of bladder after urinating.

Constant urging to urinate, feels bladder full, even immediately after urinations.

Frequent and profuse urination even at night.

< At night.

< Cold weather.

**Santonium:**

Complaints from worms.

Delirium, excited, hysterical, restless, irritable, depression, melancholia, dissatisfaction.

Children having H/0 worm esp. Ascaris Lumbricoides and thread worms, with gastro-intestinal irritation, itching of nose.

Enuresis with incontinence of urine.

Frequent efforts to urinate, only passes a few drops at a time.

Micturition painful with burning in urethra, constant desire, evacuation of only a few drops which colour linen yellow.

Urine-deep saffron, yellow, thick, greenish if acidic and reddish purple if alkaline. Feeling of fullness of bladder.

**Senega:**

Hypochondriacal melancholy, irritable, anguish, quarrelsome, rage.

Involuntary micturition at night in sleep, when dreaming.

Increased secretion of urine.
Urine-turbid and cloudy when it cools.
Reddish sediments with flakes of mucus in urine.
Shooting and burning in urethra after and during the emission of urine.
Urging and scalding before and after urination.
Irritability of bladder.
< During rest.

**Sepia**:–

Complaints from anger, vexation, injury, exposure to cold, before thunderstorm.
Indifferent, irritable, sad, weeps easily, miserly, anxious, indolent, melancholic.
Dread of being alone, nervous.
Children-weak, yellowishness of sclera and skin.
Involuntary discharge of urine esp. in first sleep in children.
Slow urination due to atony of bladder.
Turbid urine with red, sandy or brick colour sediments.
Urine very offensive cannot be endured in room.
Cramp in bladder.
Smarting and burning in bladder and urethra.
< Dampness, cold air.
< Before thunderstorm.
> By warmth.

**Silicea**:–

Complaints from suppressed foot-sweat, exposure to draught of air, vaccination and injury.
Anxious, nervous, excitable, obstinate, stubborn children, brain-bag, fix-ideas.
Lean, thin children with pale face, sickly appearance, dry skin, weak and lax muscles.
Scrofulous rachitic children with large head, open fontanels and suture.
Nocturnal Enuresis in children with worms.
Urinary tenesmus with continued desire to urinate and scanty emission.
Frequent, involuntary emission of urine at night.
Reddish sand or yellow sediment in the urine.

< Cold.
> Warmth.

**Stramonium:-**

Complaints from shock, fright.
Religious mania, loquacious, violent.
Rapid changes from joy to sadness.
Cannot bear solitude and darkness.
Laughing, singing, swearing, praying, delirium.
Involuntary emission of urine due to paralysis of bladder.
Urine profuse, sudden and burning.
Emission of urine frequent at night.

> By warmth.

**Sulphur:-**

Complaints from suppression of skin disease, sun heat and over-exertion.
Forgetful, difficult thinking, peevishness, irritability, selfish no regards for others, depressed, aversion to business.
Indifferent, nervous, Hypochondriacal, ragged philosopher.
Lean, stoop shouldered children.
Standing is uncomfortable and unbearable.
Dirty, filthy look of a skin and redness of all external orifices.
Nocturnal Enuresis child wetting the bed.
Frequent, profuse and watery urine gushes out with sediment or urine is whitish, turbid and deep coloured.
Redness and inflammation of orifice of urethra.
Shooting and dragging bladder.

< Warmth in bed, periodically.
> Dry, warm weather.
**Tabacum:-**

Very despondent, forgetful, discontented melancholy, restlessness, concentration difficult.
Pale children with relaxation of muscles.
Involuntary urination of pale urine due to paralysis of sphincter.
Frequent and copious urine.
Involuntary micturition at night.
Inflammation of urethral opening.
Pricking pain during micturition.
< Extremes of heat and cold.

**Thyroidinum:-**

Stupor alternating with restless melancholy, irritable, profound depression, fretful, morose.
Anaemic, emaciated, pale children with muscular weakness, rickets, wasting and easy fatigue.
Enuresis in weakly children who are nervous and irritable.
Urine with increased flow and frequent desire.
Urine contains albumin and sugar.
Urine smells of violets.
Burning along urethra with increased uric acid.

**Uranium Nitricum:-**

Mental depression, ill-humored, not feeling well all day.
Emaciated, debilitated children with tendency to dropsy.
Nocturnal Enuresis with very acrid urine.
Unable to retain urine without pain.
Profuse urination.
Urine contains sugar and albumin.

**Verbascum:-**

Apathetic, morose, ill-humored, mental excitement, weakness of memory.
Nocturnal Enuresis with frequent and profuse urination.
Constant dribbling of urine Urine increases with pressure in bladder.
< Change of temperature.
Reptory of Nocturnal Enuresis

In Homoeopathy repertory is mainly used as a handy reference to find the number of drugs covering particular symptoms. Here I have tried to collect all the symptoms related to Nocturnal Enuresis, so that we can make a ready reference.

This work is done mainly from the complete repertory, as it is compilation of many other repertories such as Kent’s repertory, Murphy’s repertory, Synthesis repertory, Boger’s repertory etc.

URINATION involuntary (254)

1 abies-c, 1 acet-ac, 2acon, 1 aesc, 1 aeth, 1 agar, 1 agri, 3AIL, 2 alet, 1 all-c, 1 all-s, 1 allox, 1 aloe, 2 alum, 1 alum-p, 1 alum-sil, 1 allum, 1 am-be, 1 am-c, 1 am-val, 1 amygd, 1 am-an, 1 ant-c, 1 ant-t, 3 APIS, 1 apoc, 1 arg, 3 ARG-N, 1 arist-cl, 2 arn, 3 ARS, 3 ARS-I, 1 ars-s-f, 1 art-v, 1 atro, 1 aur, 1 aur-ar, 1 aur-m, 1 aur-s, 1 bae, 1 bamb-ba, 1 bapt, 2 bar-acet, 2 bar-c, 1 bar-i, 1 bar-m, 1 bar-s, 3 BELL, 1 bell-p, 2 benz-ac, 2 bry, 2 bufo, 1 cact, 1 calc, 1 calc-i, 1 calc-o-t, 2 calc-p, 1 calc-sil, 2 camph, 1 camph-br, 1 cam- i, 1 can-s, 2 canth, 1 caps, 1 carb-ac, 1 carb-an, 2 carb-v, 1 carbn-s, 1 carc, 1 cast, 3 CAUST, 2 cedr, 1 cench, 1 cham, 1 chen-a, 2 chin, 1 chin-ar, 1 chl, 2 cic, 2 cinx, 2 cina, 1 clem, 1 cob-n, 1 cocoa, 1 coc, 2 colch, 1 coloc, 2 con, 1 crot-c, 1 crot-h, 1 cub, 1 cupr, 1 dam, 2 dig, 1 dros, 3 DULC, 1 dys-co, 2 ech, 2 equis, 1 ery-a, 1 eucal, 1 eup-per, 2 eup-pur, 1 ferr, 1 ferr-ar, 1 ferr-i, 2 ferr-p, 2 fl-ac, 1 gaert, 2 gels, 1 graph, 1 grat, 1 gua, 2 guare, 2 hell, 1 helon, 2 hep, 2 hydr, 2 hydr-ac, 1 hydrarg, 1 hydrog, 2 hyos, 2 ign, 2 iod, 1 iris, 1 jug-r, 1 kali-ar, 1 kali-br, 1 kali-c, 1 kali-chl, 1 kali-cy, 1 kali-n, 2 kali-p, 1 kali-s, 1 kali-sil, 2 kreos, 1 lac-c, 1 lac-d, 2 lach, 1 lath, 2 laur, 1 led, 1 lil-t, 2 lina, 1 lup, 3 LYC, 1 lycpr, 1 lyss, 1 m-aust, 1 mag-c, 1 mag-m, 1 mag-p, 1 mag-s, 1 mand, 1 med, 2 merc, 1 merc-c, 1 merc-i-f, 1 merc-s, 1 mill, 1 morg-g, 2 mosch, 1 mur-ac, 1 murx, 2 nat-ar, 2 nat-c, 3 NAT-M, 1 nat-p, 1 nat-s, 1 nat-sil, 2 nit-ac, 3 NUX-M, 2 nux-v, 1 oena, 1 ol-j, 2 oln, 2 op, 1 orig, 1 omri, 1 ox-ac, 1 pareir, 2 petr, 2 ph-ac, 3 PHOS, 1 phys, 1 physal, 1 pic-ac, 1 pitu-a, 1 pix, 2 plan, 1 plb, 2 podo, 3 PSOR, 3 PULS, 1 pyrog, 1 quas, 1 rat, 1 rheum, 1 rhod, 2 rhus-a, 3 RHUS-T, 1 rumx, 2 ruta, 2 sabal, 1 sang, 2 sanic, 1 sant, 1 sapin, 1 sapo, 1 sars, 2 sec, 2 sel, 1 seneg, 3 SEP, 1 sil, 1 solid, 2 spig, 2 spong, 2
squil, **3 STAPH**, 2 stram, 1 stry, 1 sul-i, 2 sulph, 1 sye-co, 1 syph, 1 tab, 1 tarent, 1 tarent-c, 2 ter, 1 thal, 2 thu1, 2 thy1, 1 til, 1 tril, 1 trinit, 1 tritic, 1 tub, 1 uran-n, 1 ust, 2 uva, 2 verat, 1 verat-v, 2 verb, 1 vesp, 1 vib, 1 viol-o, 1 viol-t, 1 vip, 1 visc, 1 xero, 2 zinc, 1 zinc-p

**URINATION involuntary daytime night, and** (13)

2 arg-n, 3 ARS, 1 bell, **3 CAUST**, 2 gels, 2 hyos, 1 iod, 2 nux-v, 1 petr, 2 rhus-a, 1 ruta, 1 tril, 2 verb

**URINATION involuntary night, incontinence in bed (143)**

1 abies-c, 2 acon, 2 aeth, 1 alet, 1 alum, 1 am-be, 2 am-c, 1 anac, 1 anan, **3 APIS**, 2 apoc, 2 arg, **3 ARG-N**, 1 ari1-cl, 3 ARN, 3 ARS, 1 ars-s-f, 2 aur, 1 aur-ar, 1 aur-m, 2 aur-s, 1 bac, 1 bar-c, 1 bar-m, 1 bar-s, **3 BELL**, **3 BENZ-AC**, 2 bry, 1 cath, 2 calc, 1 calc-o-t, 1 calc-p, 1 calc-sil, 1 camph-br, 1 canth, 1 caps, 2 carb-v, 2 carbn-s, 1 carc, 1 cast, **3 CAUST**, 2 cham, 1 chin, 1 chin-ar, 2 chlol, 1 cinx, 2 cina, 1 coca, 1 coloc, 1 con, 2 crot-c, 1 cub, 1 cupr, 1 duc, 1 dys-co, **3 EQUIS**, 2 eup-pur, **3 FERR**, 1 ferr-ar, 1 ferr-i, 2 ferr-p, 2 fl-ac, 1 gaert, 1 gels, **3 GRAPH**, 2 hep, 1 hyos, 1 ign, 1 iod, 1 iris, 1 kali-br, 2 kali-c, 1 kali-chl, 2 kali-p, 1 kali-sil, **3 KREOS**, **3 LAC-C**, 1 lac-d, 1 lach, 1 lina, 1 lyc, 1 m-aust, 1 mag-c, 2 mag-m, **3 MAG-P**, 1 mag-s, 1 mand, 2 med, 2 merc, 1 merc-i-f, 1 morg-g, 1 mur-ac, 2 nat-ar, 2 nat-c, **3 NAT-M**, 2 nat-p, 1 nat-s, 1 nat-sil, **3 NIT-AC**, 1 nux-v, 2 op, 1 ox-ac, 2 petr, 1 ph-ac, 2 phos, 1 physal, 1 pix, 2 plan, 2 podo, 2 psor, **3 PULS**, 1 quas, 1 rheum, 2 rhus-a, **3 RHUS-T**, 2 ruta, 2 sanic, 1 sant, 2 sars, 1 sec, 1 sel, 2 seneg, **3 SEP**, **3 SIL**, 1 spig, 1 squil, 2 staph, 2 stram, **3 SULPH**, 2 sye-co, 1 tab, 1 ter, 2 thu1, 2 thy1, **3 TUB**, 2 uran-n, 1 uva, 1 verat, 2 verb, 1 viol-o, 2 viol-t, 1 zinc, 1 zinc-p

**URINATION involuntary night, incontinence in bed morning, toward (6)**

1 am-c, 1 cact, 1 carb-v, 1 chlol, 1 cina, 1 zinc
URINATION involuntary night, incontinence in bed convulsive, spasmodic enuresis (17)

3 ARG, 1 bell, 1 canth, 1 caps, 1 cast, 1 cina, 1 coloc, 2 gels, 1 hyos, 1 ign, 1 lach, 1 lyc, 2 mux-v, 1 op, 1 puls, 1 rhus-t, 1 verat

URINATION involuntary night, incontinence in bed dreaming of urination, while (9)

1 bell, 1 equis, 2 kreos, 1 lac-c, 1 lyc, 1 merc-i-f, 2 seneg, 2 sep, 1 sulph

URINATION involuntary night, incontinence in bed injury of head, after (1)

2 sil

URINATION involuntary night, incontinence in bed first sleep, in (11)

1 benz-ac, 1 bry, 3 CAUST, 1 cina, 2 kreos, 2 ph-ac, 1 phos, 1 puls, 1 rhus-t, 3 SEP, 1 tub

URINATION involuntary night, incontinence in bed first sleep, in Winter agg., Summer amel. (1)

1 caust

URINATION involuntary night, incontinence in bed tangible cause except habit, when there is no (1)

3 EQUIS

URINATION involuntary night, incontinence in bed weakly children, in (1)

2 chin

URINATION involuntary midnight (0)

URINATION involuntary midnight morning, to (1)

1 plan

URINATION involuntary midnight after, five am. (1)

1 cact
URINATION involuntary adolescence, in (1)

1 lac-c

URINATION involuntary asthmatic attack, during (2)

1 caust, 1 squil

URINATION involuntary blow, from, on the head (1)

1 sil

URINATION involuntary blowing the nose, when (4)

3 CAUST, 1 nat-m, 1 puls, 1 zinc

URINATION involuntary catheterization, after (1)

1 mag-p

URINATION involuntary chill before (1)

2 gels

URINATION involuntary chill during (5)

1 caust, 1 dule, 1 puls, 1 rhus-t, 1 sulph

URINATION involuntary children, in (23)

1 aesc, 1 arg, 1 bell, 1 calc, 1 caust, 1 chin, 1 chlol, 1 cina, 1 ferr, 1 gels, 1 graph, 1 kali-p, 1 kreos, 1 lyc, 1 ph-ac, 1 psor, 1 rhus-t, 1 sep, 2 sil, 1 sulph, 1 thuji, 1 thyri, 1 viol-o

URINATION involuntary children, in boys, in (2)

2 rhus-t, 1 sil

URINATION involuntary children, in difficult to waken the child (7)

2 bell, 1 caust, 1 chlol, 3 KREOS, 2 sep, 1 sulph, 1 thuji

URINATION involuntary children, in eczema, with (2)

1 graph, 1 psor

URINATION involuntary children, in large quantities (1)

1 ph-ac
URINATION involuntary children, in nervous and irritable (2)

1 gels, 1 thyr

URINATION involuntary children, in weakly (4)

1 caust, 2 chin, 1 kali-p, 1 thyr

URINATION involuntary cold, becoming, taking a (5)

1 alet, 1 bell, 3 CAUST, 2 dulc, 2 rhus-t

URINATION involuntary consciousness, without (4)

1 apoc, 2 arg-n, 2 caust, 1 sars

URINATION involuntary constipation, with (1)

1 tarent

URINATION involuntary convulsions, during (16)

1 arn, 1 art-v, 1 bell, 3 BUFO, 2 caust, 1 cocc, 1 colch, 1 cupr, 1 hydr-ac, 3 HYOS, 1 lyc, 1 mnx-v, 2 oena, 2 plb, 1 stry, 2 zinc

URINATION involuntary coryza, during (1)

1 verat

URINATION involuntary cough, during (61)

1 agri, 1 alet, 1 alum, 1 alum-p, 1 anan, 1 ant-c, 2 apis, 1 bac, 2 bell, 1 bry, 2 calc, 1 caps, 1 carb-an, 3 CAUST, 2 cench, 1 cocc, 1 colch, 1 con, 1 dros, 1 dulc, 1 ferr, 2 ferr-p, 1 gels, 1 hydrog, 1 hyos, 1 ign, 1 kali-c, 2 kreas, 1 lach, 1 laur, 2 lyc, 1 mag-c, 1 mur-ac, 1 murx, 3 NAT-M, 1 nit-ac, 2 mnx-v, 1 orni, 2 ph-ac, 2 phos, 1 psor, 2 puls, 1 rhod, 1 rhus-t, 2 rumx, 1 ruta, 1 sabal, 1 seneg, 2 sep, 1 spong, 2 squil, 1 staph, 1 sulph, 1 tarent, 1 tarent-c, 1 thu, 1 verat, 1 vib, 1 vis, 1 zinc, 1 zinc-p

URINATION involuntary cough, during profuse expectoration, with (1)

1 agri
URINATION involuntary delayed, if (7)

2 lach, 1 phos, 1 plan, 2 sep, 1 squil, 1 sulph, 1 thu j

URINATION involuntary desire is resisted, if (11)

1 calc, 1 dig, 1 kreos, 1 merc, 1 nat-m, 1 phos, 2 puls, 1 sep, 1 squil, 2 sulph, 2 thu j

URINATION involuntary digestive complaints, with (3)

1 benz-ac, 2 nux-v, 1 puls

URINATION involuntary diseases, after acute (1)

1 psor

URINATION involuntary eczematous history, with (1)

1 psor

URINATION involuntary effort, during, no urine flows (1)

2 gels

URINATION involuntary emission, with (1)

1 verò

URINATION involuntary empty, when bladder feels (1)

1 helon

URINATION involuntary e rections, with (1)

1 caust

URINATION involuntary eruptions, on (1)

1 hydr

URINATION involuntary excitement, from (4)

1 caust, 2 gels, 1 puls, 1 ust
URINATION involuntary exertion, during (6)

2 bry, 1 caust, 2 nux-v, 1 ph-ac, 1 rhus-t, 1 tarent

URINATION involuntary fever, during (1)

1 gels

URINATION involuntary flatus, when expelling (3)

1 mur-ac, 2 puls, 1 sulph

URINATION involuntary fright, from (5)

1 hyos, 1 lyc, 1 op, 1 phos, 1 sep.

URINATION involuntary fright, from long lasting (1)

1 lyc

URINATION involuntary headache, with (1)

1 gels

URINATION involuntary hurry, when in (1)

1 lac-d

URINATION involuntary hysteria, in (2)

1 am-val, 1 ign

URINATION involuntary inattention, from (1)

1 sep

URINATION involuntary injury, from (1)

1 arist-cl