CHAPTER – 3
RESEARCH DESIGN AND ITS BASES
ORIGIN OF THE STUDY

During my practice as a consultant Homoeopath I came across many cases and treated them successfully. But paediatric cases have drawn my attention strongly. Majority illnesses are physical and of short duration so one can treat them very well without any effect on physical or psychological development of the child. There are certain illnesses which run longer course and have effect on psychological development of the child. Nocturnal Enuresis is one of them. So I have selected this topic for the research study. In majority of cases Nocturnal Enuresis occurs due to psychological causes. It causes social stigma, anxiety in parents, psychological disturbances in child etc. With the help of Homoeopathic medicines one can treat psychological disturbances very well without any side effects and give a child healthy life both physically and mentally.

Population of the Research

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

Sample 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.

Research Method

This research is carried out by experimental methodology which is used on qualitative data.

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—
Eructation
Flatulence—
Vomiting—
Taste—
Desires—
Aversions—

Elimination—
Stool—
Consistency—
Odour
Urine—
Difficult

Thermal State

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th>Monsoon</th>
<th>Winter</th>
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<tr>
<td>Bath</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—
Colour—
Concomitants—
Before—
Beginning—
During—
After—
Leucorrhoea:
Onset— Duration—
Character— Concomitants / A.F.—

renatal 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

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<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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<tr>
<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–

Auxiliary Measures
Diet & Regimen–

Totality of Symptoms

Repertorization

Selection of Remedy
Acute
Chronic
Intercurrent

Follow Ups

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<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

The effect and the outcome of Nocturnal Enuresis was noted and evaluated on the following criteria.

Criteria for improvement or cure

(i) Frequency of urine.
   Frequency
   - Per night.
   - During day.
   - Per week, month.

(ii) Psychological or Behavioural 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.