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A REVIEW OF ENCOPRESIS WITH ITS HOMOEOPATHIC THERAPEUTICS

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ABSTRACT

Encopresis does not classify as a disease; instead, it manifests as a symptom influenced by a complex interplay between bodily functions and psychological or environmental stressors. This condition, often encountered in middle childhood, involves the involuntary passage of stools into the underwear well beyond the typical age of toilet training. Affecting approximately 1.5 percent of young school children, encopresis brings about significant distress and embarrassment for both the affected children and their families. While chronic constipation leading to overflow incontinence accounts for the majority of cases, a minority of patients exhibit no evident history of constipation or painful defecation. Among the different mode of treatment, Homoeopathy is a holistic system that can help in treating this disease considering the miasmatic background of the patient.

KEYWORD

Encopresis, Soiling, Chronic Constipation, Homoeopathy.

INTRODUCTION

Encopresis, characterized by the involuntary discharge of feces (i.e., fecal incontinence), typically arises as a result of chronic constipation leading to overflow incontinence. However, it's noteworthy that a minority of patients exhibit no discernible history of constipation or painful defecation. [1]

Encopresis poses a significant challenge in middle childhood, involving the unintended passage of stools into underwear or pajamas well beyond the typical age for toilet training. This condition impacts approximately 1.5 percent of young school children and can lead to considerable distress and embarrassment for both children and their families. While not classified as a disease, encopresis reflects a complex interplay between physiological and psychological factors. Boys are disproportionately affected compared to girls, though the underlying reasons for this gender difference remain unclear. Moreover, encopresis shows no correlation with social or familial factors such as social class, family size, or parental age. [2] Encopresis, involuntary stool passing in children over four, causes psychological distress, requiring coordinated care from pediatricians, psychiatrists, and gastroenterologists. [3]

AETIOLOGY

Encopresis commonly stems from chronic constipation, where infrequent and difficult-to-pass bowel movements lead to stool impaction in the rectum and colon, causing discomfort and avoidance of the bathroom. Over time, liquid stool may leak around the impacted stool, resulting in soiled clothing. Additional causes include colonic inertia, nerve damage affecting anal sphincter function, toilet aversion, rectal issues, emotional stress, and underlying health conditions like diabetes, hypothyroidism, Hirschsprung disease, or inflammatory bowel disease. [4]

CLASSIFICATION

Doctors categorize encopresis into two types: primary and secondary. Primary cases involve continuous soiling since infancy, without successful toilet training, whereas secondary cases develop after toilet training, often triggered by significant life events like starting school or experiencing stress.[2]

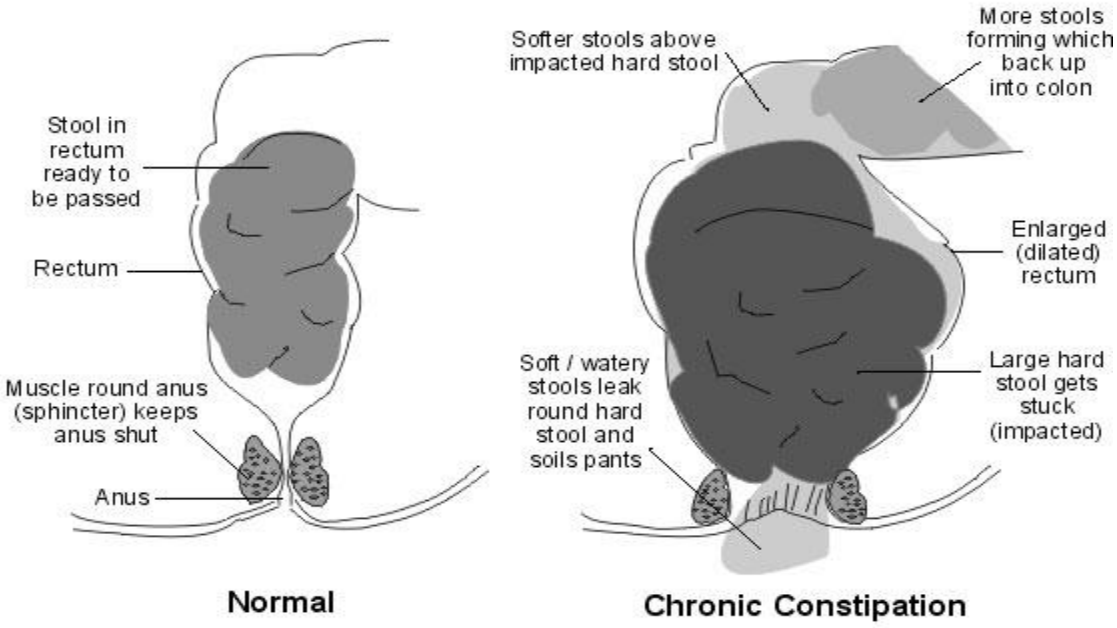

Fig.1 Stool accumulation: Normal Condition vs Constipation [5]

CLINICAL FEATURES

Signs and symptoms of encopresis may manifest as stool leakage or liquid on underwear, constipation, large or difficult-to-pass stool, bowel movement avoidance, infrequent bowel movements, decreased appetite, abdominal pain, daytime or bedwetting issues, and recurrent bladder infections, especially in girls. [6]

PATHOPHYSIOLOGY

Encopresis typically arises from constipation-induced fecal overflow, where stool withholding exacerbates fecal accumulation and hardening in the colon, eventually leading to leakage. This leakage often stains underwear and can stem from intentional avoidance of unpleasant sensations associated with defecation, fear of pain, discomfort with using school facilities, or reluctance to interrupt enjoyable activities. Nocturnal incontinence signals severe rectal impaction, while non-retentive encopresis involves inappropriate stool passage without evidence of retention. Risk factors include socioeconomic status, hygiene conditions, urban living, prior hospitalization, and school-related stressors, with many affected children experiencing psychological and behavioral challenges. [3]

DIAGNOSIS [7]

To diagnose encopresis, the child's doctor may:

1. Perform a physical examination and discuss symptoms, bowel habits, and diet to exclude physical causes of constipation or soiling.
2. Conduct a digital rectal exam to assess for impacted stool, gently inserting a lubricated, gloved finger into the rectum while applying pressure on the abdomen.
3. Consider an abdominal X-ray to verify the presence of impacted stool.
4. Propose a psychological evaluation if emotional factors are suspected contributors to the child's symptoms.

HOMOEOPATHIC MANAGEMENT

Homeopathy approaches illness by considering the entire individual, not just the disease itself. Treatment is customized for every individual, beginning with a comprehensive evaluation and analysis of their case. This process considers various factors including medical history, physical and mental characteristics, family background, symptoms, underlying conditions, and predispositions. Chronic ailments are managed with a focus on identifying miasmatic tendencies, ensuring a holistic and thorough approach to care.

"In synthesis repertory of RADAR 10.5 version encopresis is given in MIND section which cross reference to the Mind-Dirty-Urinating and defecating-everywhere-children have 5 Medicine Hyosyamus Niger, Sepia Officinale, Silicea, Staphysagria and Sulphur." [8]

There are some medicines which can be indicated according to the clinical presentation of encopresis are:

1. **ALOES SOCOTRINA: -** Continuous pressure sensation in the rectum; accompanied by bleeding, soreness, and heat; alleviated by cold water. Sensation of weakness and diminished control of the anal sphincter. Feeling of insecurity in the rectum during passing of gas. Uncertainty regarding whether gas or stool will be expelled. Bowel movements occur effortlessly, almost unnoticed. Stool is lumpy and watery. Stools have a jelly-like consistency, with post-defecation rectal soreness. Significant presence of mucus, accompanied by rectal pain after defecation. Hemorrhoids

protrude resembling grapes, extremely tender and painful; improved by application of cold water. Burning sensation in the anus and rectum. Constipation accompanied by intense pressure in the lower abdomen. Diarrhea triggered by consumption of beer. [9] Diarrhea: urgency to rush to the toilet immediately after eating and drinking (Crotalus t.); accompanied by a lack of confidence in the anal sphincter; waking early in the morning with an urgent need to evacuate the bowels (Psorinum, Rumex, Sulphur). Sensation that stool may accompany the passage of flatus (Oleander, Mur. ac., Natrum m.). [10]

2. **ALUMINA: -** Stools are hard, dry, and knotty, with no natural urge to defecate. The rectum is sore, dry, inflamed, and prone to bleeding. Itching and burning sensations are felt at the anus. Even passing a soft stool is difficult, requiring significant straining. This condition is common in infants elderly individuals with a sluggish rectum, and women leading sedentary lifestyles. Diarrhea occurs simultaneously with urination. Bowel movements are preceded by painful urges long before defecation, followed by straining during stool passage. Even when stools are soft, significant straining is necessary due to rectal inactivity Constipation is observed in nursing babies fed with artificial food, bottle-fed infants, elderly individuals, and during pregnancy due to rectal inactivity.[9,10]
3. **CALCAREA CARBONICUM: -** Children exhibit a flushed complexion, weak muscles, and a tendency to perspire excessively, making them susceptible to catching colds. They often have disproportionately large heads and abdomens, with open fontanelles and sutures, and slow bone development. Bone curvature, especially in the spine and long bones, is common, resulting in crooked and deformed extremities with irregular bone growth. Profuse sweating from the head during sleep dampens the pillow extensively. They may experience sensations of crawling and constriction in the rectum. Stools are typically large and hard (Bryonia); alternatively, they may be whitish, watery, and sour. Anus prolapse and burning, stinging hemorrhoids may occur. Diarrhea consists of undigested, foul-smelling food, accompanied by an increased appetite. Children may also experience constipation, initially passing hard stools that become pasty and then liquid. [9,10]

4. **HYDRASTIS CANADENSIS: -** Colic with constipation; excoriation on or about the anus. The anus protrudes, accompanied by fissures. Constipation is marked by a sinking sensation in the stomach and a dull headache. Smarting pain is experienced in the rectum during bowel movements. Post-defecation, there is enduring pain (Nitricum acidum). Hemorrhoids cause exhaustion even with slight bleeding. Contraction and spasms are also notable. [9,11]
5. **LYCOPODIUM CLAVATUM: -** Diarrhea occurs due to an inactive intestinal canal, resulting in ineffective urges. Stools are hard, small, and difficult to pass, often incomplete. Hemorrhoids are present, extremely tender to the touch, and cause aching (Muraticum acidum). Constipation manifests since puberty, after childbirth, when away from home, and in infants. During defecation, the rectum contracts and protrudes, leading to the development of piles. Red sand is observed in the urine, sometimes found on a child's diaper (Phosphorus); the child may cry before urinating (Borax). Pain in the back is relieved by urination, and renal colic may occur, typically on the right side (on the left side, Berberis vulgaris). [9,10]
6. **NUX VOMICA: -** When a child is prematurely introduced to animal-based foods or when the mother consumes excessive coffee and leads a lavish lifestyle, it can lead to specific digestive issues. Stools may become either large and difficult or small, frequent, and painful, often accompanied by colic. There's a reversal in the normal intestinal movement (antiperistaltic action). Constipation manifests with frequent but unsuccessful urges, leaving a sensation of incomplete evacuation. Rectal constriction may occur. Irregular peristaltic action results in frequent but ineffectual attempts at defecation, or only small amounts are passed each time. The absence of any desire to defecate is a warning sign. Alternating constipation and diarrhea may follow excessive use of laxatives. The urge to defecate is felt throughout the abdomen. Itchy, internal hemorrhoids occur with ineffective urges to stool, proving to be very painful, especially after using harsh purgatives. Diarrhea may ensue after excessive drinking, worsening in the morning. Evacuations are frequent but small. Stools are scanty with strong urges. In dysentery, bowel movements temporarily relieve pain.

There's a persistent discomfort in the rectum. Diarrhea may accompany jaundice (Digitalis). [9,11]

7. **OPIUM: -** Persistent constipation persists with an absence of the urge to defecate. Stools are hard, round, and black in appearance. Fecal matter may protrude and then retract (Thuja, Silicea). Spasmodic retention of feces occurs in the small intestine. Occasionally, stools may be involuntary, appearing black, offensive, and frothy. There's intense pain in the rectum, as if it's being forcefully expanded. Stools in round, hard, black balls; total inertia of bowels. [10,12]
8. **SEPIA OFFICINALIS:** - Bleeding during bowel movements accompanied by a sensation of fullness in the rectum. Constipation presents with large, hard stools and a feeling of a mass in the rectum, making straining difficult. There's significant tenesmus and shooting pains upwards. Stools appear as dark-brown, round balls coated in mucus. Soft stools are hard to pass. Anus prolapse may occur (Podophyllum). There's almost continuous oozing from the anus. In infantile diarrhea, aggravated by boiled milk, rapid exhaustion is observed. Pain shoots up from the rectum to the vagina. Stools are very challenging to expel, being hard, knotty, mixed with mucus, or covered by it. They seem to be lodged in the lower rectum, necessitating assistance for their removal (Platina). [9,11]
9. **SILICEA:** - Stools are challenging to expel, reaching the very edge of the anus but slipping back. The rectum is inactive, and the child's spine is weak. Profuse sweating occurs on the head and face upon falling asleep. There's a sensation of paralysis. Fistula in ano may be present (Berberis, Lachesis). Painful fissures and hemorrhoids occur, accompanied by sphincter spasms. Stools are difficult to pass, retracting when partially expelled. There's significant straining, with a stinging sensation in the rectum, which closes around the stool. Fecal matter remains in the rectum for an extended period. Constipation is consistent before and during menstruation, often associated with an irritable anal sphincter. Diarrhea has a foul, cadaverous odor. [9,11]
10. **SULPHUR:** - Despite the use of appropriate medications, there is a lack of improvement. Itching and burning sensations are experienced in the anus, often associated with hemorrhoids caused by abdominal congestion. There's a frequent yet

unsuccessful urge to defecate, with stools being hard, knotty, and insufficient. The child is fearful due to the pain. Redness and itching are noted around the anus. Morning diarrhea occurs painlessly, leading to rectal prolapse upon waking. Hemorrhoids may also cause oozing and belching. [9,11]

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