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MONOSYMPTOMATIC NOCTURNAL ENURESIS IN AN 11-YEAR-OLD CHILD: A DETAILED CASE REPORT WITH FOLLOW-UP AND ANALYSIS

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Abstract

Nocturnal enuresis is one of the most common pediatric urinary disorders affecting the psychological, emotional, and social well-being of children and their families. This article presents a detailed homoeopathic case of Primary Monosymptomatic Nocturnal Enuresis (PMNE) in an 11-year-old male child treated constitutionally with individualized homoeopathic medicines based on totality of symptoms and Kentian philosophy. The case demonstrates the importance of detailed case taking, understanding emotional background, family dynamics, mental generals, and follow-up interpretation. Initially prescribed *Causticum* produced partial improvement, but recurrence and relapse indicated the need for re-evaluation of the constitutional state. Subsequent detailed re-case taking revealed deeper *Lycopodium* traits, following which *Lycopodium clavatum* resulted in marked improvement and eventual cessation of bed-wetting episodes. The case highlights the dynamic nature of chronic prescribing and the importance of constitutional assessment in paediatric psychosomatic disorders.

Keywords: Nocturnal enuresis, primary monosymptomatic nocturnal enuresis, daily diary, *Lycopodium*, *Causticum*, constitutional prescribing.

Introduction

Nocturnal enuresis refers to involuntary passage of urine during sleep in children aged five years or older. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), enuresis is diagnosed when involuntary urination occurs at least twice weekly for a minimum of three months or causes significant distress or impairment. It is inherited as an autosomal dominant trait.

The condition has substantial emotional and social consequences. Children often experience embarrassment, low self-esteem, bullying, poor peer interaction, and anxiety. Parents may become frustrated due to repeated laundry burden, disturbed sleep, and social limitations placed upon the child.

From a Modern medical perspective, nocturnal enuresis may result from:

- Delayed maturation of bladder control
- Genetic predisposition
- Sleep arousal disorders
- Reduced nocturnal vasopressin secretion
- Detrusor overactivity
- Emotional stress
- Small functional bladder capacity

Homoeopathy considers nocturnal enuresis as an expression of disturbed susceptibility involving both mental and physical planes. Individualization remains the cornerstone of treatment.

Classification of Nocturnal Enuresis

- **Monosymptomatic Nocturnal Enuresis (MNE)**

Children have night time bedwetting without daytime urinary symptoms.

- **Non-Monosymptomatic Nocturnal Enuresis (NMNE)**

Children exhibit additional daytime symptoms such as urgency, frequency, hesitancy, or daytime incontinence.

- **Primary Enuresis**

Child has never remained dry continuously for at least six months.

- **Secondary Enuresis**

Bedwetting recurs after a dry period of at least six months.

CASE PRESENTATION

Chief Complaint

A prediagnosed case of nocturnal enuresis presented on 07/03/25, an 11 year old child presented with involuntary bedwetting occurring every night since childhood. The mother reported that the child feared sleeping alone and required her presence before going to sleep. The child described fear of darkness and imaginary fear that “someone will come to bed at night.”

The emotional burden of the disease was evident. The child avoided eye contact, remained withdrawn during consultation, and appeared embarrassed while discussing the complaint.

History of Present Illness

- Bedwetting since childhood
- Occurring only at night
- No daytime incontinence
- Child afraid of dark and sleeping alone
- Fear increased during the last two years
- Emotional sensitivity and frequent weeping
- Bullied by peers regarding dark complexion
- Strong dependence on mother
- Difficulty concentrating and poor persistence in tasks

Mental Generals

Fear of dark, he cannot go to room to sleep alone, doesn't want to be alone. All these symptoms are aggravated at night. Obstinate with mother, easily offended and manipulative. Avoids eye contact, obstinate and poor in concentration.

Physical Generals

Patient has good appetite, with thirst for cold water, desire for cold water, aversion to bottle gourd, thermally chilly with sound and refreshing sleep. Excessive perspiration on head.

Family History

On enquiring in detail, father also had the same complaint during childhood till 5 years.

Birth and developmental history -

Child was born healthy at birth and never had any urinary tract infection till date along with no other major illness.

Physical examination and clinical assessment - No significant changes on physical level .

Clinical Diagnosis

Primary Monosymptomatic Nocturnal Enuresis (PMNE)

The diagnosis is based on:

- Persistent night time bedwetting
- Absence of daytime urinary symptoms
- No urinary tract infection
- No neurological deficits
- Positive family history

Homoeopathic Analysis

Initial Reportorial Totality

- Fear of the bed
- Fear of the bed night in
- Fear bed of the alone when
- Weeping children in
- Fear dark of children in
- Bladder -urination involuntary- night

First Prescription

Causticum 200 followed by placebo.

Basis of Prescription

Causticum corresponds strongly to involuntary urination during sleep, fear of bed, fear of dark, fear alone, fear of bed at night, emotional sensitivity.

Follow-Up Summary

Date	Clinical Response
23/03/2025	Bedwetting reduced to twice/week
11/04/2025	Three episodes/week
18/04/2025	Two episodes in 15 days
10/05/2025	One episode in 10 days
20/05/2025	Relapse after emotional stress, the potency was raised To 1M but bedwetting continued.

Interpretation of Follow-Up

The child initially improved with *Causticum*, indicating partial simillimum action. However, relapse following emotional trauma and disciplinary abuse by the father suggested that the deeper constitutional state remained uncovered.

According to Kent's observations, when improvement is partial and relapse continues, fresh case taking becomes essential. So recase was done along with

- Urinalysis to rule out infection or other medical causes.
- Physical examination

(Other investigations such as imaging or urodynamic studies to be considered when child has daytime urinary symptoms or history of UTI. History of underlying bladder dysfunction. VOIDING CYSTOURETHROGRAM in advanced cases especially in recurrent urinary infections.)

RECASE – was done and inter personal relation was explored more for relapse of complaints.

He was punished by his father anytime if he gets less marks. He is attached and made his demands fulfilled by mother, then also harsh with her. Whereas he is scared of his father and not able to express his feelings.

OBSERVATION DURING CASE TAKING

The child initially sat at the corner of the examination bed, not on the patients chair asking, avoided eye contact and didn't answer the questions which were asked to him regarding liking of his subjects and friends. On the contrary, was too too demanding with her mother.

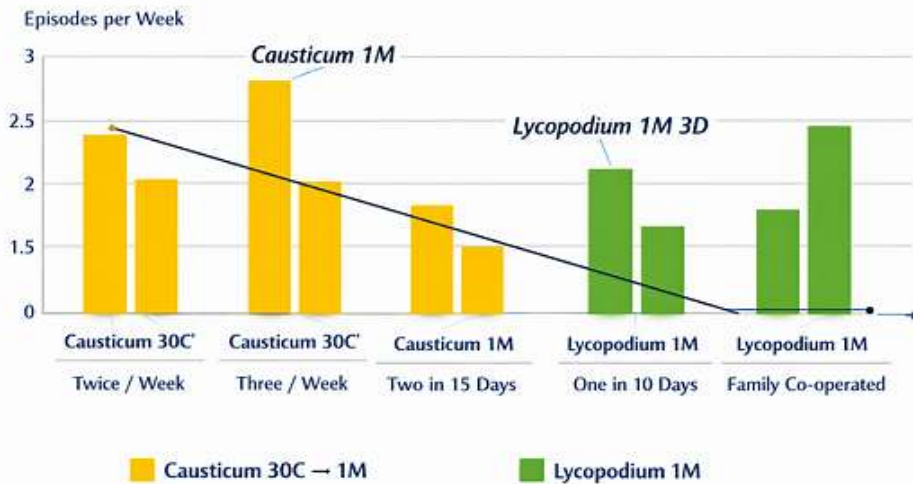
Constitutional Repertorial Analysis**Mind:** Ailments from- domination children in**Mind:** fear of dark**Mind:** fear alone of being**Mind:** Looked at; to be- cannot bear to be looked at**Mind:** weeping children in**Mind:** weeping children in night**Mind:** fear night children in**Mind:** Boaster**Bladder:** Urination involuntary children**Bladder:** Urination involuntary night**Final Constitutional Prescription****Lycopodium clavatum****Follow-Up After Lycopodium**

DATE	FOLLOW UP	REMEDY AND POTENCY
27-05-25	Recase was done and VOIDING DIARY was advised to maintain.	LYCOPODIUM 1 M 3 Doses HS for 3 days Placebo FOR 15 DAYS
17-06-25	No episode of bedwetting. Child slept well, with his brother.	Placebo FOR 15 DAYS
01-07-25	Not urinated once, slept well and interacted well this time.	Placebo for 15 days
08-07-25	URINATED ONCE -his father again shouted at him and beaten him badly counselling was done	LYCOPODIUM 1M 3 Doses HS. Placebo for 15 days
25-07-25	Not urinated at all , slept without fear ,polite with his mother	Placebo for 15 days
14-08-25	No more episodes, family also co-operated	Placebo continued

Follow-Up After Lycopodium



Comparison of Bedwetting Episodes: Causticum & Lycopodium



Discussion

This case highlights several important aspects of chronic homoeopathic prescribing:

- Importance of Mental Generals:** The emotional state and behavioural pattern provided the key to constitutional understanding.
- Dynamic Nature of Case Taking:** Initial prescriptions may improve superficial layers while deeper constitutional states emerge later.
- Role of Family Environment:** Emotional domination, fear of punishment, bullying, and dependency significantly contributed to the child's susceptibility.

4. Need for Re-evaluation: Relapse despite partial improvement required complete reassessment.

5. Constitutional Prescribing: Lycopodium addressed the deeper insecurity, compensatory boasting, fearfulness, and emotional dependency.

Declaration of the patient consent

The patients parents provided written informed consent for the publication of clinical details and images.

Patient and Parent Counselling

The parents were advised regarding:

- Avoidance of punishment
- Positive reinforcement
- Emotional support
- Open communication
- Fluid restriction before bedtime
- Maintenance of bladder diary
- Behavioural training

Conclusion

This case demonstrates the effectiveness of individualized constitutional homoeopathic treatment in Primary Monosymptomatic Nocturnal Enuresis. Detailed follow-up, analysis and careful re-evaluation were crucial in identifying the deeper constitutional remedy. From Kentian standpoint, nocturnal enuresis in this child represented disturbance at the mental-emotional sphere.

The case demonstrates how suppression of emotional expression, fear, domination, and inferiority can manifest through chronic functional disorders.

The case also emphasizes the significance of parental behaviour, and psychological factors in pediatric chronic diseases.

Learning From the Case

- A chronic case unfolds gradually.
- Each follow-up may reveal deeper constitutional characteristics.
- Partial improvement should not prevent re-evaluation.
- Emotional and environmental factors are essential in paediatric prescribing.
- Constitutional prescribing remains fundamental in homoeopathy.

Conflict of interest

None declared.

Acknowledgement

The child's parents were cooperative and maintained a continuous follow up which was necessary for the complete resolution of the complaints.

They maintained a proper bladder diary with record of bladder habits day and night to help in assessing bladder functions which was advised to them.

Patient Outcome

The child demonstrated marked emotional and behavioral improvement along with cessation of nocturnal enuresis episodes after constitutional treatment with Lycopodium.

Quality of sleep improved, fearfulness reduced, and dependency on the mother gradually diminished.

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