

Bedwetting

Bedwetting is the inability to maintain urinary control during sleep. Involuntary urination at night is referred to as nocturnal enuresis (NE) whereas involuntary urination at daytime is called as diurnal enuresis. Nocturnal Enuresis is also called as Bed-wetting. Bedwetting is more common in boys than girls. Nocturnal Enuresis can be divided into Primary Nocturnal Enuresis (PNE) and Secondary Nocturnal Enuresis (SNE).

(a) Primary Nocturnal Bedwetting

Primary Nocturnal Enuresis refers to inability to maintain urinary control from infancy. Primary Nocturnal Enuresis is the the most common form of bedwetting in childhood.

(b) Secondary Nocturnal Bedwetting

If the child has experienced a minimum 6-month period of continence before the onset of the bedwetting, the Nocturnal Enuresis is considered Secondary Nocturnal Enuresis. In secondary enuresis, the key is finding out exactly what has changed. There might be a new psychological stress such as a move, or a death in the family. It might be something physical: the onset of a urinary tract infection or diabetes, for example. It might be a situational change, such as altered eating, drinking or sleeping habits. Clearly, something has changed before bedwetting. The first step in solving the problem of bedwetting is identifying any changes in your child's life.

Causes of Bedwetting

Research has shown that primary nocturnal enuresis is often inherited. Genetic factors are involved and it tends to run in families. Medical disorders like diabetes, urinary tract infection, sleep apnea or epilepsy can cause incontinence. Psychiatric disorders can also be a cause of bedwetting. Hormonal factors also play some role in Enuresis. (If there is not enough Antidiuretic Hormone (ADH)-this hormone reduces the amount of urine made by the kidneys). Urinary tract infection is also one of the reasons of Enuresis.

Some of the other causes of bedwetting include the following:

- Difficulties in waking up from sleep
- Slower than normal development of the central nervous system which reduces the child's ability to stop the bladder from emptying at night
- Abnormalities in the urethral valves in boys or in the ureter in girls or boys
- Abnormalities in the spinal cord
- Inability to hold urine for a long time because of small bladder

Treatment of Bedwetting

Children achieve bladder control at different ages. By the age of 5 years, most kids no longer urinate in their sleep. Bedwetting in children and babies up to the age of 5 is not unusual, even though it may be frustrating to parents. When bedwetting continues to age 5 (or at any age if it is troublesome to the child) it is time to discuss it with us and ask for treatment to stop it permanently.

Child can be treated with behavior therapy and medicine. Behavior therapy helps teach your child not to wet the bed. Some behavioral treatments include the following:

- Alarm system that rings when the child wets bed.
- Reward for dry nights.
- Asking your child to change the bed sheets when he wets bed.

- Having your child practice holding his or her urine for longer and longer times i.e. bladder training.

Bedwetting especially Primary Nocturnal Enuresis can also be treated safely and effectively with homeopathic medicines. Homoeopathic remedies selected after properly studying patient's case is very effective in stopping Primary Nocturnal Enuresis with no relapse. Patient having PNE of any age can be successfully treated. Moreover all homeopathic medicines are natural, easy to administer and without any adverse effects.