



## Nocturnal Enuresis in Childhood-A Case Resolved with *Calcarea carbonica* at Dr Batra's

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**ABSTRACT:** Urinary complaints in children, such as frequent urination and nocturnal enuresis (bedwetting), are common problems that can have both physical and psychosocial implications. Conventional treatment provides temporary relief but recurrence is not uncommon, and supportive measures are usually required. Homeopathy offers an individualized, constitutional approach to such complaints, focusing not only on the physical manifestations but also on the underlying emotional and behavioral traits of the child. This case study presents an 8-year-old girl with a two-year history of frequent urination and bedwetting. Over a period of months, remarkable improvement was observed—not only in urinary complaints, which reduced from 1–2 episodes of bedwetting per week to once in 3–5 months, but also in her recurrent infections, emotional stability, and overall quality of life with treatment at Dr Batra's.

**KEYWORDS:** Nocturnal enuresis, Homeopathy, Dr Batra's

### INTRODUCTION

Nocturnal enuresis (bedwetting) and frequent urination are common childhood disorders with multifactorial etiology. Enuresis is defined as involuntary urination during sleep in children older than five years, an age by which bladder control is normally expected. Causes may include delayed bladder maturation, genetic predisposition, excessive nocturnal urine production, urinary tract infections, emotional stress, or psychological factors (1). The worldwide prevalence of nocturnal enuresis is reported as 15–20% at 5 years of age, reducing to 5–10% at 10 years, and persisting in 2–3% of adolescents (2). Frequent urination, if not linked to infection, is often functional or psychological in nature. These complaints may lead to complications such as low self-esteem, social withdrawal, embarrassment in peer groups, disturbed sleep, and family stress (3). Conventional management includes behavioral therapy, bladder training, fluid restriction, and medications like desmopressin or anticholinergics; however, recurrence is common once therapy is stopped (4). Homeopathy, with its individualized constitutional approach, offers holistic management by addressing not only the physical symptoms but also the underlying psychological and behavioral traits of the child.

This case study discusses the successful management of an 8-year-old girl suffering from frequent urination and nocturnal enuresis, along with associated recurrent infections and emotional sensitivity, with *Calcarea carbonica* given constitutionally. The case demonstrates how homeopathic treatment can improve both physical complaints and quality of life in pediatric patients.

## CASE PROFILE

An 8-year-old girl had been suffering from frequent urination for the past two years, associated with itching and episodes of bed-wetting that affected her confidence and social interaction. She had previously taken treatment from a pediatrician which gave temporary relief, but the complaints reappeared. Over the course of homeopathic management, there was a marked improvement—bed-wetting, which earlier occurred once or twice a week, gradually reduced to once in three to five months, and the frequency of urination also decreased significantly. She no longer asked repeatedly for urine and now voids only twice before bedtime. The associated itching subsided completely, and her recurrent cold and cough episodes also improved along with the urinary complaints, without the need for supportive medicines or therapies. Along with physical improvement, her emotional well-being and quality of life also enhanced, as she regained confidence, improved in social interactions, and was able to participate more freely in activities.

### Physical Generals

**Diet:** Normal, takes regular food

**Appetite:** Normal

**Craving:** Cheese, milk products

**Aversion:** None specific

**Thirst:** Normal, around 1–1.5 L/day

**Thermal Reaction:** Chilly, prefers winter season, likes covering

**Bathing:** Prefers thick covering, comfortable with bathing

**Stools:** Normal, clear

**Urine:** Clear, normal

**Perspiration:** Normal, non-offensive, no stains

**Sleep:** 7–8 hours, refreshing, normal quantity, no abnormal positions

**Dreams:** Generalized, non-specific

**Female History:** Child, normal delivery

### Physical Examination

- **Skin:** Dryness noted, especially over lips and around eyes.
- **Abdomen:** Occasional pain after heavy/oily food, otherwise soft and non-tender.
- **Genitourinary System:** Urine clear, frequency reduced, no burning, bed-wetting much improved.
- **Respiratory System:** No congestion at present; history of recurrent cold and cough, now better.
- **Other:** History of motion sickness with pallor, cyanosis of lips, and vomiting during travel.
- **Behavioral/Emotional:** Sensitive, gets hurt easily, emotional, tendency to cry easily, sometimes lost in her own world.

### Mental Generals –

The child, a thin-built girl since early childhood, was born and brought up in Delhi in a nuclear family. Her father works in a private job and her mother is a teacher. She is the elder among two siblings, with one younger brother. All developmental milestones were attained on time. She has had no history of pica, chalk eating, epistaxis, or nail biting. From childhood, she has been average in studies and is currently in the 3rd class, maintaining good relations with her teachers and friends. She shares a cordial bond with her sibling and overall has a supportive family environment, though at times parental conflicts affect her emotionally as she is more attached to her father. She is obedient by nature, sometimes shy but can easily mix up with others, and is

moderately patient. At times she shows mild stubbornness. She is fearful of knives and sharp objects but otherwise does not express much insecurity. She tends to get angry easily but usually remains quiet, occasionally expressing herself verbally without destructive behavior. Emotionally she is sensitive and weak, often weeping easily, especially when hurt or consoled. Her confidence level is generally good, and she does not report significant anxiety or stressful situations. She enjoys dancing and playing outdoor games, and her hobbies keep her active and socially engaged. Personality-wise, she is partly extrovert, expressive in familiar surroundings, and occasionally shy in new situations. She experiences cold and sweaty palms frequently. Her dreams are non-specific without any significant recurring theme. Overall, she presents as a sensitive, emotional child with average scholastic performance, improving social confidence, and a strong attachment to her family, particularly her father.

### Past History

- **Hospitalisation:** Admitted at 6 months of age for *Rotavirus infection*, hospitalized for one week.
- **Infectious Diseases:** History of *Typhoid fever* 2 years back.
- **Other Illnesses:** No other significant past medical or surgical history.

### Family History

- **Father:** No significant medical history.
- **Mother:** History of recurrent urinary tract infections, under treatment at Dr. Batra's.
- **Siblings:** Younger brother, healthy, no major illness reported.

### Case analysis

#### Reportorial totality

Repertory used	Rubrics selected
<b>Synthesis Repertory</b>	– STOMACH - Appetite - Cravings – Milk – MOUTH - Tongue - clean, clear – GENERALS - MOTION sickness

#### Repertory screenshot

Remedies	ara.	sulph.	aeth.	dig.	ip.	mag-p.	ph-ac.	rhue-t.	apis	asar.	bism.	china	hyos.	ign.	nat-m.	salab.	sec.	zinc.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Symptoms Covered	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Intensity	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	1	1	1
Result	2/2	2/2	1/2	1/2	1/2	1/2	1/2	1/2	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1	1/1
Clipboard 4																		
STOMACH - Appetite - Cravings - Milk	1	1					2	2	1							1		
MOUTH - Tongue - clean, clear	1	1	2	2	2	2				1	1	1	1	1	1		1	1
GENERALS - MOTION sickness																		

### Selection of Remedy

- **Constitutional Remedy:** *Calcarea carbonica*
- **Remedy Potency:** 200C
- **Remedy Dose:** Single dose, followed by placebo

### Reason for Selection:

*Calcarea carbonica* was prescribed on the basis of the child's constitutional makeup and characteristic symptoms. She presented as a pampered and overprotected child, obstinate at times, with a marked thermal reaction of being chilly. Her strong craving for milk products and cheese further confirmed the remedy choice.

Along with these, her emotional sensitivity, tendency to weep easily, and attachment to family members correspond well to the constitutional picture of *Calcarea carbonica*.

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Frequent urination, bed-wetting (improved)	✓			
Obstinate nature, emotional sensitivity	✓	✓		
Craving for milk, cheese	✓			
Motion sickness with pallor, cyanosis, vomiting				✓
Fear of knives/sharp objects	✓			
Recurrent cold and cough	✓			✓
Dryness of skin, especially lips and around eyes	✓			
Abdominal pain after oily food	✓			

**MATERIALS AND METHODS**

Synthesis repertory was used for Repertorization

**RESULTS**

Month	Progress	Prescription
<b>1st Month</b>	Slight improvement – urine frequency during day reduced, but bedwetting increased at night; cold and cough episode present.	<i>Calcarea carb</i> 200C, 1 dose weekly + <i>Sac lac</i> 200C placebo
<b>2nd Month</b>	Frequency of urination reduced by 40–50%, bedwetting reduced; cold & cough much better.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo
<b>3rd Month</b>	Frequency of urine reduced 80–90%, bedwetting absent; cold & cough complaints resolved; finger/thumb sucking stopped.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo
<b>4th Month</b>	Urination normal (4–6 times/day), no bedwetting; walking in sleep noted; abdomen pain after oily food.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo
<b>5th Month</b>	Slight relapse – frequency of urination increased at night, especially when idle; emotional stress due to parental conflicts; bedwetting absent.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo
<b>6th Month</b>	Overall better; only occasional frequency increase; cold & cough absent.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo
<b>7th Month</b>	Much better in urinary complaints; appetite normal; dryness of skin noted; cyanosis & vomiting during travel with headache.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo
<b>8th Month</b>	Relief in bedwetting – previously once/week, now once/month; urine frequency reduced; physical generals normal.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo
<b>9th Month</b>	Continued progress – bedwetting further reduced, now once in 2–3 months; no frequent urination; cold & cough episodes minimal.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo
<b>10th Month</b>	Stable improvement – urinary complaints better, confidence & social interaction improved.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo
<b>11th Month</b>	Sustained progress, no bedwetting, only mild seasonal issues; overall quality of life better.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo

<b>12th Month</b>	Bedwetting reduced to once in 3 months, no frequent urination; cold & cough absent; emotional state stable; overall much better.	<i>Calcarea carb</i> 200C weekly + <i>Sac lac</i> 200C placebo
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## DISCUSSION & CONCLUSION

An 8-year-old girl presented with a chronic history of frequent urination, itching, and bedwetting persisting for the past two years, significantly affecting her quality of life, confidence, and social interactions. Her parents reported that although she had previously taken pediatric treatment with temporary relief, the complaints recurred. The condition was associated with recurrent cold and cough, motion sickness, emotional sensitivity, and behavioral traits such as obstinacy, fear of sharp objects, and a craving for milk products and cheese.

On detailed case-taking, the totality of symptoms pointed toward *Calcarea carbonica*, which was prescribed as the constitutional remedy in 200C potency, followed by placebo. Over the course of regular follow-ups, a gradual but definite improvement was noted. Initially, there was a reduction in daytime frequency, though bedwetting persisted. With continued treatment, both frequency of urination and bedwetting episodes significantly decreased, eventually reducing from once or twice a week to once in three to five months. Simultaneously, her recurrent cold and cough episodes improved without the need for supportive or allopathic medicines. Other associated complaints, such as thumb/finger sucking, motion sickness-related pallor, and abdominal discomfort after oily food, were also better managed over time.

Alongside physical improvement, there was a marked positive impact on her mental and emotional state. The child, who was earlier withdrawn, lacking confidence, and emotionally weak, gradually developed better self-assurance, improved social interaction, and engaged more confidently in activities like dancing and competitions. Teachers also observed her increased expressiveness and curiosity in class.

This case highlights the efficacy of individualized homeopathic treatment with *Calcarea carbonica* in addressing chronic urinary complaints, associated recurrent infections, and psychosomatic manifestations in a pediatric patient. The long-term follow-up demonstrates that not only were the physical symptoms alleviated, but there was also a notable improvement in the child's emotional well-being and overall quality of life. The case underscores the importance of constitutional prescribing and the holistic scope of homeopathy in treating children with chronic ailments.

## Transformation of the Patient

Complaints / Traits	Before Treatment	After Treatment
<b>Urination Frequency</b>	Frequent, asking again and again, 6–8 times/day	Reduced to 4–6 times/day, normal pattern
<b>Bedwetting</b>	1–2 times per week, sometimes twice in one night	Reduced to once in 3–5 months, almost absent
<b>Itching with Urine</b>	Present	Completely absent
<b>Cold &amp; Cough</b>	Recurrent, frequent attacks	Markedly reduced, no episodes for past months
<b>Abdominal Complaints</b>	Pain after oily/heavy food	Rare, much reduced
<b>Skin</b>	Dryness around lips and eyes	Moisturized, much better
<b>Motion Sickness</b>	Severe – pallor, cyanosis, vomiting	Mild, less frequent
<b>Emotional State</b>	Sensitive, wept easily, lacked confidence, socially withdrawn	Improved confidence, better social interaction, participates in competitions
<b>Habits</b>	Finger/thumb sucking, sleep-walking	Stopped completely

<b>Behavior</b>	Stubborn, obstinate, easily hurt, cried on consolation	More balanced, emotionally stable
<b>Quality of Life</b>	Low self-confidence, restricted social life	Improved confidence, better participation in school & activities

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