

EFFECTIVENESS OF HOMOEOPATHIC MEDICINE *SILICEA 200C* IN THE PSYCHOSOCIAL IMPACT OF CHILDREN WITH NOCTURNAL ENURESIS

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ABSTRACT

Nocturnal enuresis (NE), commonly known as bedwetting, is a prevalent pediatric condition that extends beyond physical inconvenience to cause significant psychosocial distress. This study evaluated the clinical efficacy of *Silicea 200C* in 30 children aged 5–18 years. Using a pre- and post-treatment experimental design, the research measured changes in bedwetting frequency and psychological well-being. Results showed a significant reduction in enuresis episodes and a marked improvement in self-esteem and social confidence. 70% of the cases demonstrated "Good Improvement," suggesting that individualized homoeopathic intervention is an effective tool for managing both the physical and emotional layers of this disorder.

Index words: Nocturnal enuresis, Psychosocial Impact, *Silicea 200C*, Homeopathy.

INTRODUCTION

Nocturnal enuresis is defined as the involuntary discharge of urine during sleep in children old enough to have gained bladder control (usually age 5). While often viewed as a developmental delay, it is frequently accompanied by a "secondary" psychological burden.

1.1 The Psychosocial Dimension

Children with NE often experience:

- **Low Self-Esteem:** A sense of failure compared to siblings or peers.
- **Social Isolation:** Avoidance of overnight stays, camping, or school trips.
- **Anxiety and Guilt:** Fear of parental reprimand or discovery by others.
- **Family Stress:** Increased tension between parents and the child due to the extra labor and cost of cleaning.

1.2 Homoeopathic Perspective on *Silicea*

In Homoeopathy, *Silicea* is known as the "homoeopathic lancet" but is also a profound constitutional remedy for the "nervous, irritable, and shy" child. It is indicated for children with:

- Lack of grit or "moral mettle."
- Anticipatory anxiety and fear of failure.
- Physical chilliness and sensitivity to cold.
- A tendency toward slow development or nutrition-related weaknesses.

MATERIALS AND METHODS

- **Study Design:** A clinical trial involving 30 subjects selected through purposive sampling from the OPD and IPD of Sarada Krishna Homoeopathic Medical College.
- **Intervention:** *Silicea 200C*, administered in globule form. The dosage was individualized, typically given once every 15 days or monthly based on the response.

- **Duration:** 12 months.
- **Outcome Measures:** 1. Nocturnal Enuresis Score Chart: To track frequency.
 2. Blleck and Edlund Self-Concept Questionnaire: To assess psychological changes.
 3. Parental Feedback: To monitor social and behavioral improvements.

OBSERVATIONS AND RESULTS

3.1 Demographic Data

DISTRIBUTION BASED ON AGE

S.NO	AGE	NUMBER OF CASES	PERCENTAGE
1.	5-9	23	76.7%
2.	10-14	7	23.3%
3.	15-18	0	0%

Table 1: Distribution based on age

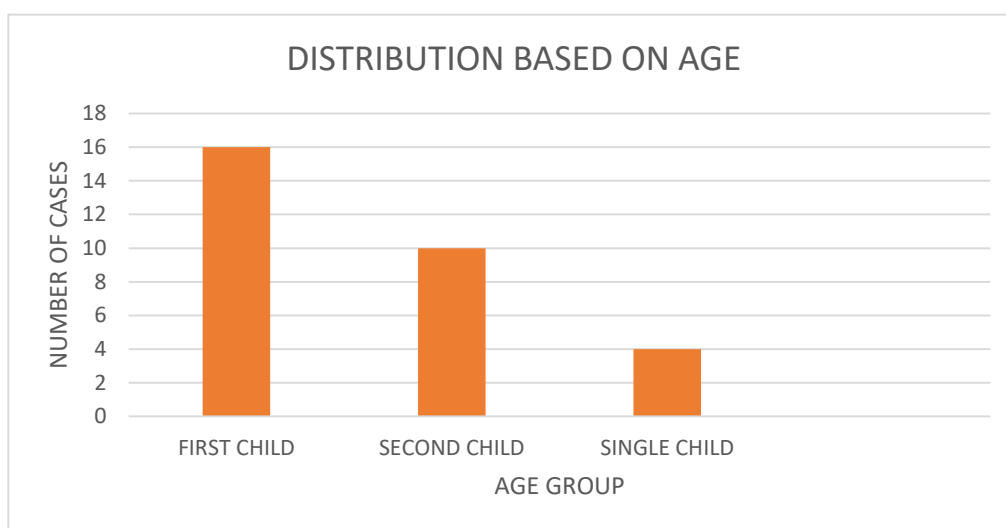


Figure 1: Distribution based on age

Findings: Age Group: 76.7% of the participants were in the 5–9 age group, confirming that this is the peak period for seeking medical intervention for enuresis.

DISTRIBUTION BASED ON GENDER

S.NO	GENDER	NUMBER OF CASES	PERCENTAGE
1	MALE CHILD	16	53%
2	FEMALE CHILD	14	47%

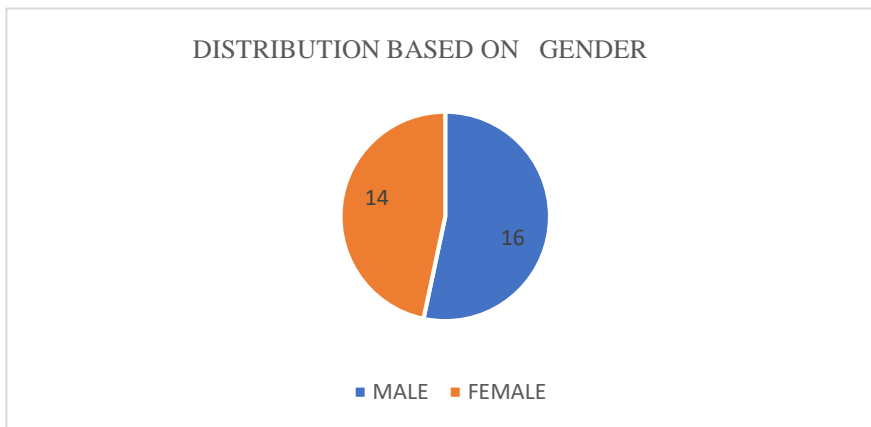


Figure 2: Distribution based on gender

Findings : Gender: 53% were male and 47% were female

DISTRIBUTION BASED ON DWELLING

S.NO	DWELLING	NUMBER OF CASES	PERCENTAGE
1.	RURAL	16	53%
2.	URBAN	14	46.7%

Table 3: Distribution based on dwelling

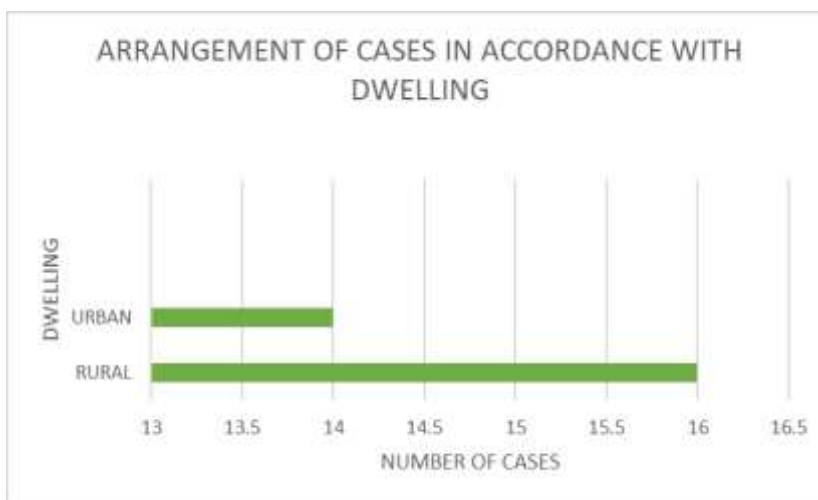


Figure 3: Distribution based on dwelling

Findings:Socio-Economic Status: 53% of cases were from rural backgrounds, where the psychosocial stigma of bedwetting is often more pronounced due to living conditions.

3.2 Psychosocial Impact Indicators

The study identified the following prevalent psychological factors:

DISTRIBUTION BASED ON PSYCHO SOCIAL IMPACT FACTORS

S.NO	PSYCHO SOCIAL IMPACT FACTORS	NUMBER OF CASES	PERCENTAGE
1.	LOW- SELF ESTEEM	8	27.7%
2.	STRESSES DUE TO NEW SCHOOLING	6	20%
3.	SHYNESS & ANXIETY	5	16.7%
4.	LEARNING DISABILITY	5	16.7%
5.	POSSESSIVENESS	4	13%
6.	PUNISHMENTS DUE TO BEDWETTING	2	6.7%

Table 4 : Distribution based on psycho social impact factors

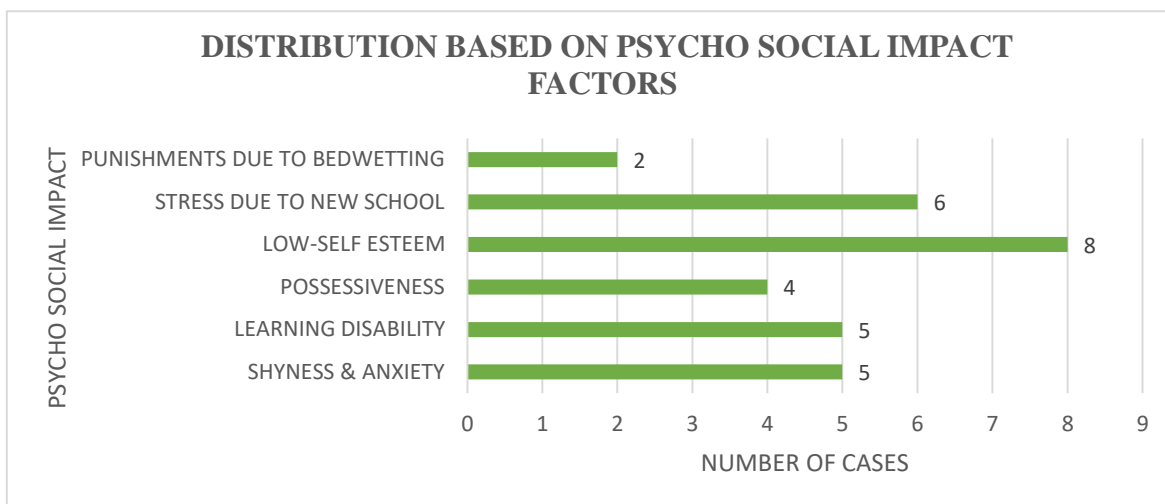


Figure 4: Distribution based on psycho social impact factors

Findings: Academic Stress: 20% of children linked their symptoms to the start of new schooling or exam pressure.

Low Self-Confidence: Nearly 28% exhibited marked shyness and withdrawal before treatment

DISTRIBUTION BASED ON ORDER OF BIRTH

S.NO	ORDER OF BIRTH	NUMBER OF CASES	PERCENTAGE
1.	CHILD WITH SIBILING FIRST CHILD	16	53.3%

	SECOND CHILD	10	33.3%
2.	SINGLE CHILD	4	13.3%

Table 5: Distribution based on order of birth

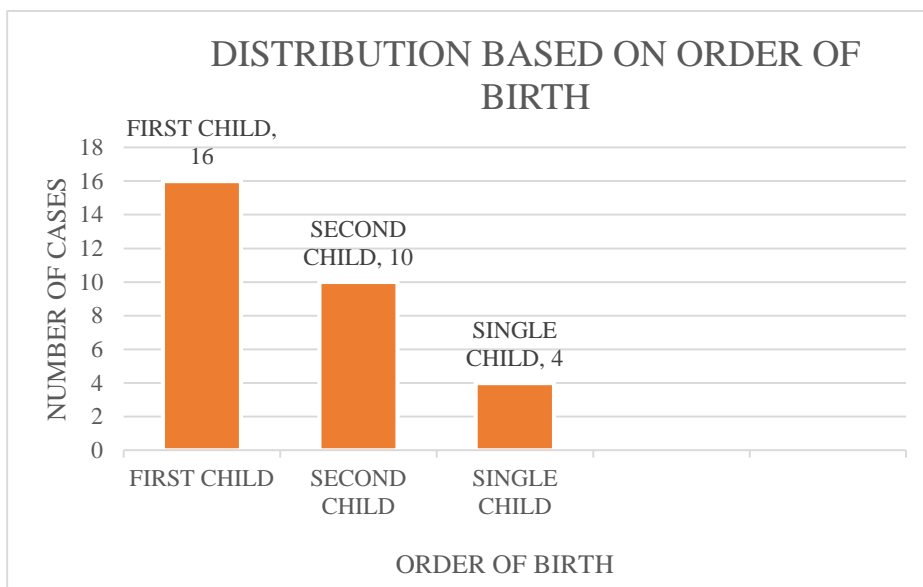


Figure 5 : Distribution based on order of birth

Findings: Sibling Rivalry: 13% showed symptoms following the birth of a new sibling.

3.3 Clinical Efficacy

The statistical analysis of the treatment showed:

DISTRIBUTION BASED ON IMPROVEMENT STATUS

S.NO	IMPROVEMENT STATUS	NUMBER OF CASES	PERCENTAGE
1	GOOD	21	70%
2	MODERATE	6	20%
3	MILD	3	10%

Table 6 : Distribution based on improvement status

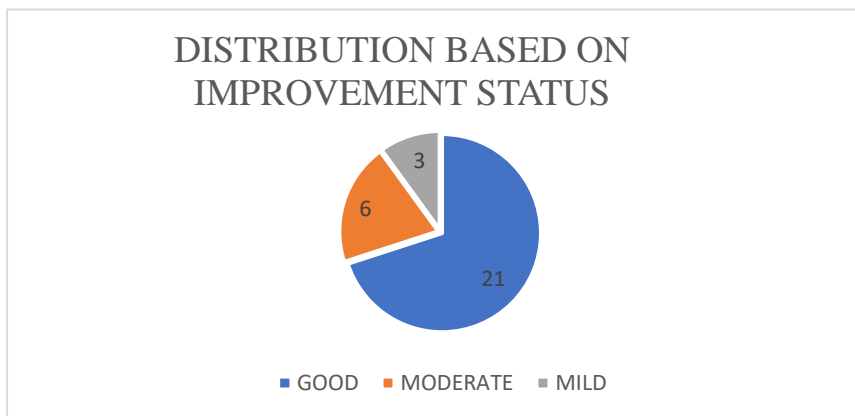


Figure 6: Distribution based on improvement status

Findings:

- **Good Improvement:** 21 Cases (70%) – Total cessation or significant reduction in frequency.
- **Moderate Improvement:** 6 Cases (20%) – 50% reduction in episodes.
- **Mild Improvement:** 3 Cases (10%) – Slight change in frequency or better mental state.

Statistical Significance: The mean score dropped from **11.20 (Pre-treatment)** to **5.27 (Post-treatment)**. The P-value was < 0.0001, indicating the results are highly significant.

DISCUSSION

The effectiveness of Silicea 200C in this study confirms the homoeopathic principle that treating the child, not just the symptom, leads to better outcomes. Silicea helped strengthen the child's "will" and confidence, which in turn improved bladder control. The remedy's action on the nervous system helped reduce the "deep-seated anxiety" that often triggers nocturnal voiding.

Furthermore, the study observed that as the bedwetting decreased, the children became more outgoing, their school performance improved, and parental stress was significantly mitigated.

CONCLUSION

The study concludes that Silicea 200C is an effective homoeopathic medicine for managing nocturnal enuresis. It provides a dual benefit:

1. **Physiological:** Regulating the involuntary discharge of urine.
2. **Psychological:** Restoring the child's self-esteem and removing the social stigma associated with the condition.

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