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Case Report

Enuresis: Treatment by hypnosis

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ABSTRACT

The Present case is of an 8-year-old boy with a 3rd -grade education who has the problem of bedwetting at night diagnosed secondary enuresis. When the case history taking progressing, it get to know that he has incompatibility with his younger brother having 2 years of age. The main symptoms of enuresis include: repeated bed-wetting, wetting in to the clothes and beddings wetting at least twice a week for approximately three months. Emotional and psychological stress can cause a child to behave or act differently; which can lead to night-time wetting. The Boy satisfies these two conditions. So we focused on psychological aspect on enuresis and scheduled the treatment according to it. Hypnosis is an altered state of consciousness with heightened suggestibility that allows for improved focus of attention and concentration. Counseling is a process between an individual and his counselor that helps the individual to overcome difficulties and change maladaptive or unhealthy emotional, behavioral or cognitive aspects. Hypnotherapy used for the client and counseling to parents.

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1. Introduction

Childhood is the period between birth and puberty. Childhood ends when a human being begins puberty. Early childhood (birth to age 5), middle childhood (ages 6 to 12), and adolescence (ages 13 to 18) are three major stages of child development. Kids grow in amazing ways from birth to adolescence. Alongside actual physical changes, kids go through complex mental and social changes, as well. There will be exciting and beneficial developments, such as new knowledge and skills, as well as probably some defiant and emotional times. Child ought to be self-assured about their capacity to deal with life's challenges. Having had successful life experiences in independently solving problems, being creative and achieving results, gives them a sense of personal power. There are many ways parents can

promote healthy gender development in children. It helps to understand gender identity and how it forms. "Gender identity" refers to an internal sense people have of who they are that comes from an interaction of biological traits, developmental influences and environmental conditions. This may be male, female, somewhere in between, a combination of both or neither. One of the most common social challenges is when a child feels rejected by their peers sometimes by parents in reality or in imagination. Rejection by a child's peers or others may be a group reaction to someone they see as different. It may also result from inappropriate behavior on the part of one or both parties that needs to be addressed. A child's sense of social and emotional independence is not fully developed until middle childhood. To feel safe, preschoolers continue to rely on their parents and a safe home base. Because they are beginning to develop a relationship with their father that is distinct from that with their mother, children

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at this stage require nurturing from both of their parents. Kids experience a huge misfortune when one parent is less engaged with their lives. Not exclusively will they frequently miss that parent's presence and fondness, yet a portion of their physical and profound requirements may not be met. They frequently experience overwhelming worries that both of their parents will leave. Preschoolers, like infants and toddlers, require frequent visits from their absent parent. This should be taken into consideration by parents when developing a parenting strategy.

Enuresis is more commonly known as bed-wetting. Nocturnal enuresis, or bed-wetting at night, is the most common type of elimination disorder. Nocturnal enuresis refers to the involuntary loss of urine during sleep occurring at least twice a week in patients older than 5 years of age and lasting for 3 months minimum. Nocturnal enuresis can be classified as primary or secondary. Primary nocturnal enuresis occurs in patients who have never achieved a satisfactory period of dryness, while secondary nocturnal enuresis has an onset after a period of dryness of at least 6 months.¹ Daytime wetting is called diurnal enuresis. Some children experience either or a combination of both. Enuresis is a common childhood problem. Estimates suggest that 7% of boys and 3% of girls age 5 have enuresis. These numbers drop to 3% of boys and 2% of girls by age 10. Most children overcome this problem by the time they become teens, with only about 1% of males and less than 1% of females having the disorder at age 18. There are two kinds of enuresis: someone with primary nocturnal enuresis has wet the bed since they were a baby. This is the most common type of enuresis. Secondary enuresis is a condition that develops at least 6 months — or even several years — after a person has learned to control their bladder. Most children gradually stop wetting the bed on their own as they grow older. This usually happens between 4 and 6 years of age. Doctors don't always know the exact cause of nocturnal enuresis. But they think that these things may play a role: hormonal problems, bladder problems, sleep problems, caffeine, medical conditions and psychological problems. The main symptoms of enuresis include: repeated bed-wetting, wetting into the clothes or beddings wetting at least twice a week for approximately three months.

2. Discussion

2.1. Case presentation

The case on the current study was took place in March 2016. The client was an 8-year-old boy and studying in 3rd –grade (Standard). He had his parents, a younger brother with two years and grandmother the family. The child was brought on the first day by his mother. The mother, who was the bystander, was first spoken to. She reported that the boy was regularly urinating in the bed at night, and the mother also informed that he was ashamed of it. Further interaction

revealed that he bullies his younger brother whenever he gets the brother alone. Later, when counselor talks to the boy, realizes the bystander was right. He inflicted no harm to other children, relatives and family members.

2.2. Patient history in their words

As soon as the client came he seems to be ashamed. He said.

1. I urinate on the bed unknowingly. It's embarrassing for me."
2. Father and mother show anger to me because of my bed-wetting behavior."
3. I don't like my young brother, everyone likes him".
4. Mom and dad like him only".

2.3. Treatment history

This is the First time he faced a therapist because of his bed wetting problem.

2.4. Clinical criteria

According to DSM - Signs and symptoms.

The history is essential in making the proper diagnosis and should address the following:

1. Daytime voiding pattern
2. Toilet training history
3. Hydration history (quantity of fluid taken in and when)
4. Number and timing of episodes of bedwetting (over a month)
5. Sleep history (sleep pattern, awakening, sleepwalking)
6. Family history of nocturnal enuresis
7. Nutrition history (not always considered necessary here)
8. Behavior, personality, and emotional status

Symptoms of common underlying urologic problems should be looked for, such as the following:

Overactive bladder or dysfunctional voiding (eg, daytime urgency, frequency, incontinence, holding of urine).

1. Cystitis and urinary tract infections (UTIs)
2. Constipation
3. Neurogenic bladder (eg, urinary frequency or urgency, dribbling or leakage of urine, loss of sensation of bladder fullness, urinary retention)
4. Sleep-disordered breathing
5. Urethral obstruction (eg, straining to urinate, narrow stream, pain, bloody urine)
6. Major motor seizure
7. Ectopic ureter (constant wetting)
8. Diabetes mellitus or diabetes insipidus (eg, polyuria, polydypsia, bloody or frothy urine)

A Comprehensive physical examination should include the following:

1. Measurement of blood pressure
2. Inspection of external genitalia (especially the urethral opening)
3. Palpation in the renal and suprapubic areas
4. Palpation of the abdomen
5. Thorough neurologic examination of the lower extremities, including gait, muscle power, tone, sensation, reflexes, and plantar responses
6. Assessment of the anal “wink”
7. Inspection and palpation of the lumbosacral spine
8. Inspection of the skin in the genital area looking for rashes or lesions that might be caused by constant wetness

2.5. Diagnosis

The 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies enuresis as an elimination disorder. The DSM-5 Diagnostic Criteria are as follows:

1. Whether involuntary or intentional, repeated voiding of urine into bed or clothes (Diagnosed)
2. The behavior should be clinically significant, with either:
 - (a) Frequency of at least two times a week for at least three months consecutively (diagnosed).
 - (b) Clinically significant distress (diagnosed)
 - (c) Academic (occupational), social or other areas of functioning are impaired.
3. A chronological age of at least 5 years or equivalent developmental level is required (diagnosed)
4. The behavior is not attributable to another medical condition (seizure disorder, diabetes, urinary tract infection, spina bifida, neurogenic bladder, etc.) or substance (Diuretic, antipsychotic, etc.).

2.6. Classification of enuresis

1. Primary enuresis means continence was never established
2. Secondary enuresis means continence was achieved and then lost

The main symptoms of enuresis include: repeated bed-wetting, wetting in to the clothes, wetting at least twice a week for approximately three months. Emotional and psychological stress can cause a child to behave or act differently; which can lead to night-time wetting. The Boy satisfies these two conditions. So we focused on psychological aspect on enuresis and scheduled the treatment according to it.

2.7. Findings

Secondary enuresis

Secondary enuresis means continence was achieved and then lost. The cause is feeling less attention from his parents. He imagined that it is because of the presence of his younger brother. That is why he tries to attack younger brother. In short the problem is due to the feeling of getting less attention.

2.8. Therapeutic intervention

Hypnotherapy and counseling methods were used for the client and parents.

2.9. Hypnotherapy

Hypnosis is an altered state of consciousness with heightened suggestibility that allows for improved focus of attention and concentration. Hypnotherapy is a form of psychotherapy in which hypnosis is used. Hypnosis usually is done with the guidance of a health care provider. In hypnotherapy verbal repetition of curative suggestions and mental images is used.²⁻⁶ During hypnosis, most people feel calm and relaxed. Hypnosis typically makes people more open to suggestions about behavior changes. Hypnosis has been used with some success to treat bed-wetting or enuresis. In the case of this boy through hypnosis re-education was done. It takes three sessions. We educate him in hypnosis about the new attitude toward to be taken towards the younger brother like “he is your brother who will play with you when grown up”, “You are the only elder brother to him”, “your brother likes you very much” “your parents like you as much as your young brother”, “it is your duty to protect your young brother in all respects” “you will be very happy to see when the bed and your clothes are found dry in the morning”, “today onwards you will wake up from the sleep at night two times so as to urinate in the urinal”, The positive curative suggestions given to hypnosis was accepted by the boy. The process was repeated to the boy at three times with one week interval between each sessions and it was successful.⁷

2.10. Counseling

Counseling is a process between an individual and his counselor that helps the individual to overcome difficulties and change maladaptive or unhealthy emotional, behavioral or cognitive aspects. Counseling was given to parents make sure that both the children treat equally. The parents were also given certain specific directions to show love and affection towards the boy particularly in the presence of the younger brother. Not to give excess water in the evening and to wake up the boy from the sleep in the midnight and early morning so as to urinate in the urinal. Never allow to crop up a statement in elder boy’s mind that he is abandoned.

3. Conclusion

The Present case is of an 8-year-old boy with a 3rd-grade education who has the problem of bed-wetting at night diagnosed secondary enuresis. With the help of hypnotherapy to the boy and counseling to parents the problem of the boy was solved.

4. Source of Funding

None.

5. Conflict of Interest

None.

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