

# Management of *Bawl fi'l Farāsh Ibtidayi* (Primary Nocturnal enuresis) through Unani medicine: A Case Report

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## ABSTRACT

**Introduction:** *Bawl fi'l Farāsh Ibtidayi* (Primary Nocturnal enuresis) is a condition in which involuntary urination occurs while sleeping in the absence of organic disease. Nocturnal enuresis is the most common urologic complaint in paediatric patients, and it is defined as the involuntary loss of urine during sleep that occurs at least twice a week in children older than 5 years of age (or the developmental equivalent) for at least 3 months. In India the prevalence of Nocturnal enuresis ranges approximately from 7% to 12.6%. As per Unani concept the predominance of *Ruṭūbat* i.e. excessive moistness in children causes the disease. This leads to *Istirkhā'-e-Adlaat badan* including *Aḍala al-Mathāna* causing involuntary urination.

**Complaints:** A seven-year-old child with chronic complain of nocturnal enuresis visited OPD of RRIUM Mumbai.

**Clinical Findings:** on taking detailed history there is no history of congenital defect, family history of stress was positive.

**Intervention:** Unani formulation *Majun Masik-ul-Baul* was prescribed with *Majun Flasfa* for the management of *Bawl fi'l Farāsh Ibtidayi*

**Outcome:** Patient got complete relief after 6 weeks of treatment without any complications. Details are given in the case report.

**Key words:** *Bawl fi'l Farās Ibtidayi* h, Primary Nocturnal enuresis, *Majun Flasfa*, *Majun Masik-ul-Baul*

## INTRODUCTION

Nocturnal enuresis, also known as night-time incontinence or bed wetting, is a common condition that can cause significant psychological distress in children. Nocturnal enuresis is defined as night-time bedwetting in children aged five and up.<sup>1</sup> According to available data from India, the prevalence of nocturnal enuresis ranges from approximately 7% to 12.6%.<sup>2</sup> Other parts of

the world have prevalence rates ranging from 6% to 42%.<sup>3</sup> Enuresis can be either nocturnal or diurnal. It can be either primary or secondary. Anxiety, hyperactivity disorder, 5 genetic variants at chromosome bq 16.2 and 13q22, overactive bladder, urinary tract infection, antidiuretic hormone deficiency, diabetes, small bladder, constipation, and other factors are all possible causes of nocturnal enuresis.<sup>4</sup> Nocturnal enuresis is a

common problem that causes psychological trauma to both the child and the family, resulting in social avoidance, feelings of guilt and shame, loss of self-esteem, and overall psychological development of the child. There are numerous factors that contribute to nocturnal enuresis. A few of the associated factors are sex, stress, parental education, school performance, sleep pattern, and so on.<sup>5</sup>

According to the Unani system of medicine it is a sub type of Salas al-Bawl in which the tonicity of bladder muscles becomes decrease due to excessive *Burūdat* and *Istirkhā'-e Adala Mathāna* occurs those results in bed wetting and day time enuresis.<sup>6</sup> Allama Mohammad Hasan Qarshi stated that it is a disease in which involuntary urination occurs during sleep and sometimes during day also. He mentioned the causes of *Bawl fi'l Farāsh Ibtidayi* is genetic, renal stone, cystitis and alkalization of urine. It occurs most commonly in those children suffering from the disease of anterior pituitary gland or whose lumbar vertebrae became very sensitive.<sup>7</sup> In *Akseer-e-Azam* Hakim Mohammad Azam khan described the management of *Bawl fi'l Farāsh Ibtidayi* Such as Saad kofi, Kundur, Khulanjan, Juft Baloot, Habbul Aas, Gulnaar in powder form. He also mentioned that Majun Masikul-Baul and Majun Flasha is highly effective in the management of *Bawl fi'l Farāsh Ibtidayi*. A part from this if this disease is due to excessive Burudat as in the case of children and old aged then Sharab-e-Raihani, Hilteet, Zaafran, Bullot, Murmakki, kundru and local application of Roghan-e-Nardeen is recommended for the management of *Bawl fi'l Farāsh Ibtidayi* in *Ikseer-e-Azam*<sup>8</sup>

**Patient Information:** A seven-year-old child with chronic Complain of nocturnal enuresis with day time frequency visited the OPD of Regional Research Institute of Unani Medicine Mumbai. The guardian of child talked about nocturnal incontinence from childhood and he consulted many doctors and took behavioural and conservative treatment for two years. But didn't get relief.

He had to forcibly withdraw from social gathering due to prolonged habit of bed wetting. On the examination the child was physically and emotionally normal but had a sense of guilt due to bedwetting habit. It was also observed that the pregnancy report of his mother was normal and there was no genetic abnormality. The patient was breast fed for first six months following his birth and formula fed for the remainder of his first year. In addition, the patient repeatedly suffered from respiratory ailments and took allopathic and Unani medicines for treatment. There is No history of congenital defect, family history of bed wetting, constipation or urinary tract infection but family history of stress was positive.

#### **Clinical Finding:**

##### **Clinical observation**

- Appetite: Normal
- Digestion: Normal
- Stool: 1-2 times a day
- Urine: Normal during the day time but occasionally wetting in day time
- Tongue: Slightly coated
- Pulse: 88/min
- P/A: No abnormality detected
- Mizāj : *Safrawi* (Bilious)

Physical Examination: Abdominal, spinal, neurological and genital examination were normal.

**Investigations:** CBC, RFT, LFT, Thyroid profile, Blood sugar random and post prandial, Urine routine and microscopic, USG of Abdomen and pelvis and Hormonal assay were normal.

**Diagnostic Assessment:** Diagnosis was based on clinical symptoms such as Urgency, Frequency of bedwetting per week, social distress and Poor functioning in the school.

#### **Differential Diagnosis:**

- **Urinary Tract Infection:** There is no history of Fever with chills, burning micturition and Urine routine and microscopic is normal.

- **Diabetes mellitus:** Blood sugar random and post prandial is normal.
- **Diabetes insipidus:** Hormonal assay was normal.
- **Hyperthyroidism:** Thyroid profile was normal.
- **Seizure disorder:** There is no history of any kind of seizure.
- **Chronic Renal Failure:** Renal function test was normal.
- **Posterior urethral valve:** Examination reveals no such abnormality.
- **Bladder bowel dysfunction**
- **Spinal dysraphism**
- **Pinworms**

**Diagnosis:** *Bawl fi'l Farāsh Ibtidayi* (Primary Nocturnal Enuresis).

- **Therapeutic Intervention:** Therapeutic intervention pharmacological as well as behavioural was done for 6 weeks.
- **Medicine Given on 1st Consultation for 14 days**
- *Majun Masik-ul-Baul* - 2.5 gm x 2 times in a day.
- *Majun Flasfa* - 2.5 gm x at bed time with milk.
- **Medicines given on 1<sup>st</sup> follow up for 14 days**
- 1. *Majun Masik-ul-Baul* - 2.5 gm x 2 times in a day.
- 2. *Majun Flasfa* - 2.5 gm x at bed time with milk.

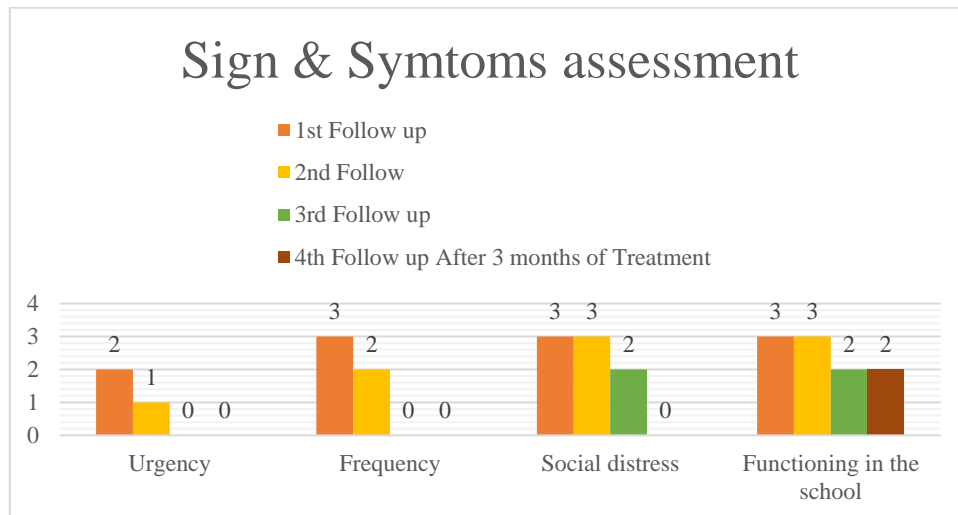
- **Medicines given on 2<sup>nd</sup> follow up for 14 days**
- *Majun Flasfa* - 2.5 gm x at bed time with milk.
- **3<sup>rd</sup> Follow up was done after 1 month of treatment completion.**
- **Advice according to conventional system of medicine.<sup>9</sup>**
  1. Encourage urination before going to bed.
  2. Proper counselling of the child and parents.
  3. Ensure that this is not a thing of shame and blame.

**Assessment criteria:** Patient was assessed upon the basis of grading of clinical sign and symptoms, where +++ means severe, ++ means moderate and + indicate the mild condition.

- 1) **Frequency** (Severe = 3 times bedwetting per week, Moderate= 2 times per week, Mild= 1 time per week)
- 2) **Urgency** (Severe, moderate and mild classification according to P126 The Urgency Numeric Rating Scale)
- 3) **Social distress** (Severe, moderate and mild classification according to The Social Avoidance and Distress Scale)
- 4) **Poor Functioning in the School** (Severe, moderate and mild classification on Questionnaire based)

**Table No 1 Assessment during treatment and after treatment**

Complaints	1st Follow up On 14th day	2nd Follow up on 28th day	3rd Follow up on 42 days	4th Follow up After 3 months of Treatment
Urgency	++	+	0	0
Frequency	+++	++	0	0
Social distress	+++	+++	++	0
Functioning in the school	+++	+++	++	++



**Table No 2 Composition of Majun Masik-ul-Baul<sup>10</sup>**

S. No	Ingredients	Quantity
1	Post Haleela Zard (Chebolic myrobalan)	40g
2	Tukhm Shahdanaj	80g
3	Salab Misri (Orchis latifolia Linn)	20g
4	Habbul Aas (Myrtus communis Linn)	80g
5	Kath Safaid (Acacia leucophloea)	40g
6	Kundur (Boswellia serrata Roxb)	10g
7	Juft Baloot (Aesculus hippocatanum Linn)	10g
8	Haleela Siyah (Chebolic myrobalam)	40g
9	Ghee (Butter)	30g
10	Kehruba Shamai Mehlool (Pinus succinifera)	30g
11	Maweez Munaqqa (Vitis vinifera Linn)	1.2kg
12	Qiwam Shakar Safaid (Sugar)	1kg

**Table No 3 Composition of Majun Flasfa<sup>11</sup>**

S. No	Ingredients	Quantity
1	Maweez Munaqqa(Vitis vinifera Linn)	450g
2	Zanjabeel (Zingiber officinale Rosc)	150g
3	Filfil Siyah (Piper nigrum Linn)	150g
4	Filfil Daraz (Piper longum Linn.S)	150g
5	Darchini (Cinnamoum zeylanicum Blunc)	150g
6	Aamla (Emblica officinalis)	150g
7	Post-e-Balela (Terminalia bellirica Roxb)	150g
8	Sheetraj Hindi (Plumbago zeylanica Linn.)	150g
9	Zarawand Madahraj (Aristolochia rotunda Linn.)	150g
10	Salab Misri (Orchis latifolia Linn)	150g
11	Maghz-e-Chilghoza (Pinus gerardiana)	150g
12	Bekh-e-Babuna (Matricaria chamomilla Linn.)	150g
13	Maghz-e-Narjeel (Lodoicea maldivica Pers)	150g
14	Tukhm-e-Babuna (Matricaria chamomilla Linn)	75g
15	Asl OR Qand Safaid (Honey or Sugar)	7kg

## DISCUSSION

*Majoon Flasfa* and *Majoon Masik-ul-Baul* were given on 1st consultation for 14 days. on 1st follow up there is no relief in the symptoms except urgency. On 2nd follow up Same medicine were given for 14 days. The

frequency of bed wetting becomes decreased. On 3rd follow up Only *Majoon Flasfa* is advised for further two weeks. Patient gets completely relief from bed wetting. There is excellent improvement in all symptoms of bed wetting. On 4th follow up that was done

after three months of treatment in which no medicines were given only observation had been done. During this period No complain of bed wetting was reported.

In Unani system of medicine, the ingredients of *Majun Masik-ul-Baul* such as Kundur, Habbul Aas, Juft Baloot, and Tukhm Shahdanaj etc having the properties to hold the urine and also strengthen the musculature of bladder and sphincter muscles and it is suggested by Classical Unani text book.

As mentioned in treatise of Unani system of medicine that *Du'f-i-Dimāgh* is one of major factor of bedwetting because *Du'f-i-Dimāgh* is one of major cause of *Istirkhā'-e-Adlaat badan* including *Adala al-Mathāna* causing involuntary urination. so, the uses of *Muqawwi-e-Dimagh* medicine will be very beneficial in restoring the tonicity of muscles While *Majun Flasa* having main ingredient is *Maghz Chilghoza* that is a potent brain tonic. As it is suggested for health promotion of elderly people and enhancement of mental activity by a study that was conducted by Basharat et.al "Evaluation the role of *Majoon Flasa* (Herbal Formulation) in health promotion of elderly: A randomized single-blind placebo-controlled study"<sup>12</sup>. So, these combination of *Majun Flasa* and *Majoon Masik-ul-Baul* plays very effective role in the management of bedwetting due to strengthen of bladder musculature as well as managing the mental stress.

## CONCLUSION

*Bawl fi'l Farāsh Ibtidayi* (Primary Nocturnal enuresis) is a very common problem among children that have negative effect on child's self-esteem. It is the social stigma in children. Reassurance and proper counselling of child and the parents as well as with medication is the mainstay of treatment. Unani system of medicine owing to its holistic approach have the potential to manage *Bawl fi'l Farāsh Ibtidayi* and hence improve the quality of life in children. This case study will further pave the way for more structured clinical trials.

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**Conflict of Interest:** None.

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