

TCM-Based Analysis of Pediatric Enuresis: Etiology, Pathogenesis, and Treatment from the Perspective of Kidney-Bladder Interaction

Jiayao Sun, Yaxiong Guo*

Shaanxi University of Chinese Medicine, Xianyang 712046, Shaanxi, China

*Correspondence Author

Abstract: *Enuresis in children is a common pediatric disease. Although it is not life-threatening, it seriously affects the physical and mental health of children and the quality of family life. Based on the TCM theory of “kidney governs water” and “bladder qi transformation”, this article systematically explores the etiology, pathogenesis, syndrome differentiation and treatment of enuresis in children, focusing on the core role of kidney and bladder dysfunction in the pathogenesis. Through literature review and clinical research data, the advantages of TCM syndrome differentiation and treatment in improving symptoms and improving efficacy were verified. Finally, the article proposes that the integration of basic TCM theories with modern medicine should be strengthened, and the standardization and development of the treatment model of combining traditional Chinese and Western medicine should be promoted to provide a more scientific and effective path for the prevention and treatment of enuresis in children.*

Keywords: Enuresis in children, TCM theory, Kidney and bladder, Syndrome differentiation and treatment, Integration of TCM and Western medicines.

1. Introduction

Pediatric enuresis, also known as nocturnal enuresis, refers to the urination of children in an unconscious state, usually during sleep at night, and frequent involuntary urination after the age of normal urination control. The clinical manifestations are mostly bedwetting at night, and some children also have daytime urination frequency, urgency or urinary incontinence. According to epidemiological surveys, the incidence of pediatric enuresis is about 15% to 20% in 5-year-old children. It gradually decreases with age, but some children still continue to have enuresis into adolescence or even adulthood [1]. Long-term enuresis not only affects children's sleep quality and daily life, but may also lead to psychological problems such as damaged self-esteem, social disorders, anxiety and depression. In severe cases, it may even affect family relationships and academic performance [2]. Therefore, early intervention and systematic treatment of pediatric enuresis are of great clinical significance.

Traditional Chinese Medicine has a unique theoretical system and practical experience in treating enuresis in children. It emphasizes syndrome differentiation and treatment, overall conditioning, and pays special attention to the coordination of kidney and bladder functions. Traditional Chinese Medicine believes that “the kidney governs urination and defecation” and “the bladder is the home of body fluids.” If the kidney qi is sufficient, the bladder qi will be normal and urination can be controlled; on the contrary, if the kidney is deficient or the bladder fails to function properly, enuresis is likely to occur [3]. In addition, traditional Chinese medicine also combines the physiological characteristics of children's “immature yang and delicate internal organs” to provide individualized treatment through methods such as tonifying the kidney, strengthening the spleen and lungs, and harmonizing the heart and kidneys [4]. This article aims to systematically explore the etiology, pathogenesis and syndrome differentiation of enuresis in children based on the traditional Chinese medicine theory of the relationship between the kidney and bladder, sort

out relevant literature and clinical research progress, and provide theoretical support and practical reference for the treatment of enuresis in children with traditional Chinese medicine [5].

2. Theoretical Basis of Kidney and Bladder in Traditional Chinese Medicine

In the theoretical system of Traditional Chinese Medicine, the kidney is regarded as the “foundation of innateness”, responsible for storing essence and water, and has the function of regulating water metabolism and controlling excretion. “Suwen: Shanggu Tianzhen Lun” points out: “The kidney controls water, receives the essence of the five internal organs and stores it.” When the kidney qi is full, it can hold the bladder and control urination; when the kidney qi is deficient, the bladder fails to function properly, which can easily lead to enuresis [6,7]. Especially in the childhood stage, when the kidney qi is not yet full, if it is congenitally deficient or acquired, it is very easy to develop kidney deficiency-type enuresis [6]. In addition, the kidney is closely related to organs such as the brain, bones, and ears. Kidney deficiency may also be accompanied by mental retardation, physical weakness, and other manifestations, further affecting the overall health of the child [9].

In Traditional Chinese Medicine, the bladder is called the “house of body fluids”. Its main function is to store and excrete urine, relying on the promotion and holding of kidney qi. The book “Lingshu Benzang” states: “The bladder is the official of the state capital, where body fluids are stored. When qi is transformed, it can be discharged.” The qi transformation function of the bladder requires the warmth and promotion of kidney yang and the nourishment and retention of kidney yin. The coordination of the two can maintain normal urination [10]. If kidney yang is insufficient, bladder qi transformation is abnormal, or if kidney yin is deficient and retention is weak, it can lead to uncontrolled

urine excretion and form enuresis [8,10]. In addition, traditional Chinese medicine emphasizes “the connection between the heart and the kidney” and “the lungs and bladder are exterior and interior”. Disturbance of heart fire and stagnation of lung qi can also affect bladder function [7]. This indicates that the pathogenesis of enuresis in children is complex and requires a holistic approach to syndrome differentiation and treatment. A deep understanding of the functional relationship between the kidney and bladder is the theoretical basis and key link of traditional Chinese medicine in treating enuresis in children.

3. Analysis of the Etiology and Pathogenesis of Enuresis in Children in TCM

In TCM, enuresis in children falls into the category of “enuresis” and “incontinence”. Its etiology and pathogenesis are complex, mainly involving dysfunction of the kidney, bladder, spleen, lung, heart and other organs, with the kidney and bladder being the most closely related. TCM believes that the kidney governs water, controls urination and defecation, and has the function of controlling urination; the bladder is the home of body fluids, responsible for storing and excreting urine, and its qi transformation function depends on the promotion and warmth of kidney qi [11]. Children are in the stage of growth and development, their organs are delicate, their physical form and qi are not yet full, and their kidney qi is not yet strong. If they are congenitally deficient or have acquired disorders, it is very easy to cause kidney deficiency and bladder dysfunction, thus causing enuresis [12]. Insufficient kidney qi and dysfunction of controlling urination are one of the most common causes. Children with this disease often show symptoms such as frequent urination at night, chills and cold limbs, and fatigue. In addition, bladder deficiency and poor qi transformation are also important pathological mechanisms. They are often caused by cold invasion or kidney yang deficiency, leading to bladder qi transformation dysfunction and uncontrolled urine excretion [13]. Such children often develop the disease or their condition worsens in winter. Treatment should focus on warming yang and transforming qi, and assisting bladder qi transformation. In addition to the kidney and bladder, spleen and lung qi deficiency is also an important cause of enuresis in children. The spleen governs transportation and transformation, and the lung governs qi. The two are closely related and jointly participate in water metabolism and retention. Children’s spleen and lung functions are not yet fully developed. If they have an irregular diet, are weak due to long-term illness, or are born with congenital deficiencies, they are prone to spleen and lung qi deficiency, poor retention, and enuresis [14]. Such children are often accompanied by symptoms such as loss of appetite, sallowness, cough, shortness of breath, fatigue, etc. Treatment should focus on strengthening the spleen and lungs, and lifting and retaining. In addition, disharmony between the heart and kidneys and mental disorder can also lead to enuresis. According to traditional Chinese medicine, the heart governs the mind and the kidney stores essence. When the heart and kidney communicate, the mind is at peace and urination is regular. If the heart fire is excessive and the kidney water is insufficient, the heart and kidney will not communicate with each other, resulting in restlessness, loss of bladder control, frequent dreams, palpitations, and enuresis [15]. Children with this

condition often experience difficulty falling asleep, frequent sleep talking, irritability, and irritability. Treatment should focus on nourishing yin and reducing fire, and connecting the heart and kidney.

In addition, exogenous cold and dampness or genetic factors can also be the cause of or aggravation of enuresis in children. Cold and dampness invade the bladder, leading to impaired qi transformation function, bladder failure, and enuresis. Some children have a family history of enuresis, suggesting that genetic factors also play a role in the onset of the disease. Children with exogenous cold and dampness often develop the disease or have their condition worsened in winter, with symptoms of frequent urination, urgency, a greasy white tongue coating, and a weak pulse. Treatment should focus on removing cold and dampness, warming yang, and promoting diuresis. To sum up, although the causes and pathogenesis of enuresis in children are diverse, kidney deficiency is the root cause and bladder dysfunction is the symptom, with a mixture of deficiency and excess. Treatment should be based on the principle of syndrome differentiation and treatment, combined with the child’s constitution, course of disease, and symptom characteristics, and flexible use of principles such as tonifying the kidney and consolidating the body, strengthening the spleen and lungs, connecting the heart and kidneys, and removing cold and dampness, in order to achieve the purpose of treating both the symptoms and the root cause and improving the efficacy.

4. Syndrome Differentiation and Treatment of Enuresis in Children

4.1 Syndrome Differentiation and Treatment of Enuresis in Traditional Chinese Medicine

Syndrome differentiation and treatment in traditional Chinese medicine emphasizes that it varies according to the individual, the syndrome, and the time. Syndrome differentiation and treatment are particularly important for the treatment of enuresis in children. According to the clinical manifestations and pathogenesis, the common syndromes of enuresis in children include kidney yang deficiency, kidney yin deficiency, lung and spleen qi deficiency, heart and kidney disharmony, and bladder damp-heat syndrome. Kidney yang deficiency is the most common type. Children often present with frequent urination at night, chills and cold limbs, fatigue, pale tongue with white fur, and deep and weak pulse. The pathogenesis is kidney yang deficiency, bladder hypothermia, and poor qi transformation. Treatment should focus on warming and tonifying kidney yang and consolidating the bladder [16]. Kidney yin deficiency is characterized by enuresis accompanied by dry mouth, irritability, and fever in the five hearts. The tongue is red with little fur and a thin and rapid pulse. The pathogenesis is kidney yin deficiency and virtual fire disturbing the bladder. Treatment should focus on nourishing yin, reducing fire, clearing heat, and consolidating the bladder [17]. Lung and spleen deficiency syndrome is often seen in children with weak constitutions or after a long illness. Symptoms include cough, shortness of breath, loss of appetite, fatigue, and listlessness. The pathogenesis is lung and spleen deficiency, which results in a lack of control. Treatment should focus on strengthening the spleen and lungs, and promoting the flow of energy to control the flow [18].

Heart-kidney disharmony syndrome manifests as enuresis accompanied by palpitations, frequent dreams, difficulty falling asleep, and irritability. The pathogenesis is that heart fire disturbs the mind and kidney water is insufficient. Treatment should focus on promoting communication between the heart and kidney, calming the mind, and controlling the flow of energy [19]. Bladder damp-heat syndrome belongs to the category of excess syndrome.

It is mostly caused by damp-heat descending and bladder qi transformation dysfunction. Children often present with enuresis accompanied by yellow urine, bitter taste in the mouth, red face, red tongue with a yellow and greasy coating, and a slippery and rapid pulse. The pathogenesis is that damp-heat accumulates, disturbing the bladder and causing it to lose control. Treatment should focus on clearing heat and dampness, and promoting bladder function [20]. Such children often suffer from unclean diet, endogenous dampness and heat, or exogenous dampness. During treatment, they should avoid spicy and greasy foods to prevent the dampness and heat from worsening. In summary, the syndrome differentiation and classification of enuresis in children not only helps to clarify the pathogenesis, but is also a key step in guiding treatment [21]. Although there is overlap between different syndromes, each has its own characteristics. Clinically, syndrome differentiation should be used as the basis for flexible treatment. In the treatment process, in addition to syndrome differentiation and medication, comprehensive measures such as the child's living habits, dietary conditioning, and psychological counseling should be combined to improve efficacy and reduce recurrence [22]. The accuracy of syndrome differentiation and the targeted treatment plan are the embodiment of the concept of "preventive treatment" and the advantages of holistic conditioning in traditional Chinese medicine.

4.2 Discussion on the Treatment Principles and Commonly Used Prescriptions for Enuresis in Children based on the Relationship between the Kidney and the Bladder

In traditional Chinese medicine theory, the kidney governs water and the bladder is the place where body fluids are excreted. Both play a decisive role in the occurrence and development of enuresis in children [23]. When kidney qi is sufficient, the bladder can regulate itself, while when kidney qi is deficient, the bladder loses its regulation, leading to involuntary urination at night. Therefore, the core of treating enuresis in children lies in "tonifying the kidney, consolidating the bladder, and regulating the bladder", and combining it with the syndrome differentiation and treatment of other organ dysfunctions. Kidney yang deficiency syndrome is one of the most common types, and children often show symptoms of pale complexion, cold limbs, and frequent urination at night. The treatment principle is mainly to warm and tonify the kidney yang and consolidate the bladder. Commonly used prescriptions include Suquan Pills, which include *Alpinia oxyphylla*, Chinese yam, *Lindera serrata*, and *Psoralea corylifolia*, which have the effect of warming the kidney and consolidating urination [24]. Kidney Yin deficiency syndrome is often seen in patients with thin constitution, dry mouth and tongue, and fever in the five parts of the body. Treatment should be to nourish Yin and reduce

fire, clear away heat and consolidate the body. Prescriptions such as Zhibai Dihuang Wan (Zhibai Dihuang Wan) contain raw earth, *cornus officinalis*, *phellodendron*, and *rhizoma anemarrhenae* [17]. Bladder damp-heat syndrome is caused by damp-heat descending, which disrupts the bladder's qi transformation function, leading to abnormal urine excretion. Treatment should be to clear away heat and dampness, and to clear the bladder. Bazheng San (Bazheng San) and Longdan Xiegan Tang (Longdan Xiegan Tang) are commonly used, and drugs such as plantain seeds, talc, *akebia*, and *scutellaria* are used [20].

Although lung and spleen qi deficiency syndrome does not directly involve the kidneys and bladder, its qi deficiency and weakness can also affect the bladder's qi transformation function, indirectly leading to enuresis. Treatment should be to strengthen the spleen and lungs, and to lift and consolidate the body. Representative prescriptions include Buzhong Yiqi Tang (Buzhong Yiqi Tang) and Shenling Baizhu San (Shenling Baizhu San), and drugs such as *astragalus*, *codonopsis*, *white atractylodes*, and *licorice* [18]. The syndrome of heart-kidney disharmony is caused by excessive heart fire and insufficient kidney water, which disturbs the bladder function. Treatment should be to connect the heart and kidney and calm the mind. Prescriptions such as Jiaotai Pills and Tianwang Buxin Dan are used, and the medicinal ingredients include *Ziziphus jujuba* seeds, *Platycodon grandiflorus* seeds, *Polygala tenuifolia*, and *Salvia miltiorrhiza* [19]. In all syndromes, the kidney's retention function and the bladder's ability to transform qi are always the core of treatment. Whether it is to replenish kidney yang, nourish kidney yin, or clear bladder dampness and heat, they all revolve around the basic theory that "the kidney controls defecation and urination, and the bladder transforms qi" [23].

Acupuncture and massage, as characteristic therapies of traditional Chinese medicine, have significant advantages in regulating kidney and bladder function [25]. Acupuncture can enhance kidney qi and regulate bladder transformation by stimulating relevant acupoints. Commonly used acupoints include Shenshu, Bladdershu, Guanyuan, Qihai, Mingmen, and Sanyinjiao. Acupuncture, moxibustion, or acupoint application can be used. Among them, Shenshu and Bladdershu are the core acupoints for treating enuresis, which have the functions of warming the kidney, retaining qi, promoting diuresis, and relieving stranguria [25]. Massage therapy is suitable for younger children or those who are sensitive to acupuncture. By massaging the kidney area on both sides of the spine, the Guanyuan point on the abdomen, the Yongquan point on the soles of the feet, etc., it can effectively activate kidney qi and enhance bladder contraction function [25]. In addition, ear acupoint pressure, foot bath, abdominal hot compress and other methods can also be used as auxiliary means, especially moxa leaf foot bath and hot compress at the Mingmen point, which can warm the kidney and support yang and improve frequent urination at night [25].

Individualized care should also not be ignored in the treatment of enuresis in children, especially around the daily maintenance of kidney and bladder function. First, regular urination habits should be established, avoid drinking a lot of water before going to bed, and encourage children to empty their bladder before going to bed. Second, pay attention to

keeping warm, especially the waist, abdomen and feet, to prevent cold evil from invading kidney yang. Diet should focus on warming and nourishing kidney qi, strengthening the spleen and lungs. Recommended foods include black beans, yam, walnuts, lamb, wolfberry, etc., and avoid cold, raw, cold, and spicy foods. Psychological support is also crucial. Parents should offer understanding and encouragement to their children, avoiding blame or shaming, which can increase psychological burden and affect kidney Qi production. For those with frequent enuresis, topical application of traditional Chinese medicine, such as applying *Alpinia oxyphylla* powder to the navel or moxibustion on the Mingmen point, can be used to consolidate treatment. In summary, the treatment of enuresis in children should focus on the kidneys and bladder, integrating syndrome differentiation, internal and external conditioning, and individualized care to achieve effective results and promote the healthy growth of children.

5. Research Progress on TCM Treatment of Pediatric Enuresis with Kidney and Bladder as the Core

In recent years, with the continuous development of TCM theory and the deepening of modern medical research, the etiology and treatment of pediatric enuresis have gradually been systematically and diversifi edly explored. Literature shows that traditional Chinese medicine generally believes that the root cause of pediatric enuresis is kidney deficiency. The kidney controls urination and defecation. If the kidney qi is insufficient, the bladder will lose control and the child will not be able to control urination at night. The Yellow Emperor's Classic of Internal Medicine states that "the kidney is the organ of strength and skill" and "the bladder is the organ of the state capital, where body fluids are stored. When qi is transformed, they can be released." This theory clearly points out the core role of the kidney and bladder in water metabolism [26]. Doctors of all dynasties, such as Zhang Zhongjing, Li Shizhen, and Ye Tianshi, have all made relevant discussions, emphasizing that "kidney deficiency" is the root cause of enuresis and bladder qi disorder is the symptom of enuresis [27]. Modern TCM literature further refines the syndrome differentiation types, classifying pediatric enuresis into syndromes such as kidney yang deficiency, kidney yin deficiency, lung and spleen qi deficiency, heart and kidney disharmony, and bladder damp-heat, and proposes corresponding treatment principles and prescriptions to form a relatively complete treatment system [28].

In terms of clinical research, a large number of empirical studies have verified the significant efficacy of TCM syndrome differentiation treatment in pediatric enuresis. For example, a randomized controlled trial conducted by a tertiary TCM hospital showed that the efficacy of Suquan Pills in treating children with kidney yang deficiency enuresis was better than that of Western antidiuretics, and the recurrence rate was significantly reduced [29]. Another study compared the efficacy of Buzhong Yiqi Decoction and the Western medicine Mirabegron in treating enuresis with lung and spleen qi deficiency. The results showed that the TCM group performed better in improving the frequency of nocturnal urination and improving the quality of life [30]. In addition, Jiaotai Pills in treating children with heart and kidney

disharmony not only improved the symptoms of enuresis, but also significantly improved the children's sleep quality and emotional stability [31]. These studies all emphasize that the restoration of kidney and bladder function is the key to treatment. Traditional Chinese medicine achieves both symptomatic and root cause treatment by warming and replenishing kidney qi and regulating bladder qi [32]. Clinical studies on acupuncture and massage therapy are also increasing, especially showing unique advantages in regulating kidney and bladder function. A multi-center clinical observation found that acupuncture treatment using acupoints such as Shenshu, Bladdershu, and Guanyuan, combined with moxibustion at Mingmen and foot bath therapy, has a significant effect on children with kidney yang deficiency type enuresis, with an efficiency of more than 85% [33]. Massage therapy is widely used in the community and at home. Studies have shown that daily massage of the kidney area on both sides of the spine and Guanyuan acupoints on the abdomen can significantly reduce the frequency of nocturnal enuresis and improve the physical condition of children [34]. In addition, external application of traditional Chinese medicine, such as applying *Alpinia oxyphylla* powder to the navel and hot compressing of mugwort leaves to Mingmen, has also been proven to have the effect of warming the kidney and regulating the bladder. It is widely used in clinical practice, has high safety, and good compliance [35].

In recent years, research on the combined use of Chinese and Western medicine to treat enuresis in children has gradually emerged, emphasizing the combination of modern medical diagnosis and monitoring methods on the basis of syndrome differentiation and treatment to improve the scientificity and accuracy of treatment [36]. For example, some studies use urodynamic examinations to evaluate changes in bladder function, and compare indicators before and after Chinese medicine treatment to verify the role of Chinese medicine in improving bladder contractility and capacity [37]. Other studies combine Chinese medicine treatment with behavioral intervention and psychological counseling to form a "drug-behavior-psychology" trinity comprehensive treatment model, which significantly improves the efficacy and compliance of children [38]. In addition, some scholars explore the standardization and dosage form optimization of Chinese medicine compound preparations, such as making Suquan pills into granules and oral liquids, which are more suitable for children to take and enhance the clinical promotion value [39]. In summary, both literature and clinical studies have shown that the treatment of enuresis in children should focus on the kidney and bladder, combining syndrome differentiation and treatment, internal and external conditioning, and individualized intervention to form a multi-dimensional and systematic treatment system [40]. Future research can further strengthen the modern analysis of the mechanism of traditional Chinese medicine, such as exploring the regulatory pathways of kidney qi and bladder qi transformation through molecular biological methods, and enhance the scientific nature and international influence of traditional Chinese medicine treatment [40]. At the same time, multi-center, large-sample clinical trials should be strengthened to promote the standardization and regularization of traditional Chinese medicine in the field of pediatric enuresis, and provide children with safer, more effective and sustainable treatment options [40].

6. Conclusion

Enuresis in children is a common pediatric condition. While not a serious illness, it can have significant impacts on children's physical, psychological, and family life. Traditional Chinese Medicine (TCM) offers unique advantages in treating this condition, particularly emphasizing the coordinated function of the kidneys and bladder. Through syndrome differentiation and treatment, it achieves holistic and individualized intervention. Drawing on the TCM theory of the kidneys and bladder, this article systematically explores the etiology, pathogenesis, syndrome differentiation, and treatment strategies of enuresis in children. Drawing on recent literature and clinical research, it validates the effectiveness and scientific nature of TCM treatment. Future efforts should further strengthen basic research and clinical application of TCM in the field of enuresis in children, particularly focusing on modern understanding of the regulatory mechanisms of kidney and bladder function. Furthermore, efforts should be made to standardize and standardize integrated TCM and Western medicine treatment models to enhance their efficacy and safety. Through multidisciplinary collaboration and technological innovation, more comprehensive and precise solutions for the prevention and treatment of enuresis in children can be provided, promoting the healthy growth and improved quality of life of children affected.

References

- [1] Han Zhongjiang, Wen Yibo, Wang Xizheng, et al. Prevalence of different subtypes of primary enuresis in children [J]. Chinese Journal of Pediatric Surgery, 2019, 40(12):1118-1122.
- [2] Liu Qin, Cheng Min, Jiang Fengqiong, Li Xiaoyu. Meta-analysis of the prevalence and influencing factors of enuresis in children and adolescents in China [J]. Chinese General Practice, 2025, 28(06):763-770.
- [3] Yi Shuang, Zhao Yan, Chang Ke. Chang Ke's experience in treating enuresis in children based on the theory of "brain-du meridian-kidney axis" [J]. Journal of Traditional Chinese Medicine, 2024, 30(12): 136-139.
- [4] Zhang Dan, Wu Liping. Progress in the treatment of enuresis in children with traditional Chinese medicine in the past five years [J]. Journal of Traditional Chinese Medicine Pediatrics, 2024, 20(02): 95-99.
- [5] Gao Liuhua. Progress in clinical research on enuresis in children [J]. Electronic Journal of Modern Medicine and Health Research, 2023, 7(24): 138-141.
- [6] Zhang Yatong, Ren Xianqing, Liu Hua, et al. Exploring the incidence and prevention of enuresis in children based on the characteristics of physical constitution from the perspective of "bladder incontinence" [J]. Journal of Basic Chinese Medicine, 2023, 29(2): 336-338.
- [7] Wu Wengang, Zeng Lu, Kang Junying, et al. A brief discussion on Li Pei's experience in treating enuresis in children [J]. Chinese Folk Therapy, 2022, 30(21):38-40.
- [8] Zhao Jie, Zhao Yun. Overview of traditional Chinese medicine treatment of enuresis in children [J]. Hunan Journal of Traditional Chinese Medicine, 2016, 32(09):195-197.
- [9] Luo Wenwen, Liu Na, Yuan Ye, et al. Professor Jia Liujin's clinical experience in treating enuresis in children with kidney deficiency syndrome [J]. Journal of Traditional Chinese Medicine for Pediatrics, 2022, 18(01): 4-6.
- [10] Mou Deying, Shu Ling. 30 cases of enuresis in children with lower abdomen deficiency and cold type treated with warming yang and consolidating method [J]. Jiangxi Journal of Traditional Chinese Medicine, 2007, 38(12): 21-22. Medicine
- [11] Wang Xuefeng, Ma Rong. Traditional Chinese Medicine Pediatrics [M]. Beijing: China Traditional Chinese Medicine Press, 2021.
- [12] Wang Zhongyi, Du Ke, Li Chen, et al. Clinical Diagnosis and Treatment Guidelines for Traditional Chinese Medicine Pediatrics-Enuresis in Children (Revised) [J]. Journal of Traditional Chinese Medicine Pediatrics, 2018, 14(01):4-8.
- [13] Zhang Qiwen, Zhu Jinshan. Practical Traditional Chinese Medicine Pediatrics [M]. Beijing: People's Medical Publishing House, 2019: 512-515.
- [14] Zhao Min. Clinical observation on the efficacy of the method of cultivating soil and generating gold in the treatment of children with enuresis of lung and spleen qi deficiency type [D]. Yunnan University of Traditional Chinese Medicine, 2023.
- [15] Wang Mei, Li Ailin, Wang Xin, et al. Ma Wenhong's experience in treating children with enuresis of heart-kidney disharmony type [J]. Guangxi Traditional Chinese Medicine, 2022, 45(01): 44-45.
- [16] Zhang Zhang, Chen Hong. Mechanism and research progress of TCM treatment of children with enuresis [J]. Traditional Chinese Medicine, 2025, 14(2): 227-2769.
- [17] Wang Tianfeng. Treatment of 60 cases of children with enuresis of heart-kidney disharmony type with a self-made prescription for stopping enuresis [J]. Global Chinese Medicine, 2024, 17(1): 45-48.
- [18] Zhou Donglin. Clinical research progress on the treatment of enuresis in children with traditional Chinese medicine [J]. Primary Medicine Forum, 2024, 28(33): 149-152.
- [19] Li Xinyi, Huo Liying, Deng Zhiling, et al. Case study of treating enuresis in children with the Linggui Eight Methods of opening acupoints on time [J]. Guangxi Traditional Chinese Medicine, 2021, 44(06):59-60.
- [20] Li Xiaochun, Yang Juping, Dong Ruixia, et al. Exploring the prevention and treatment of enuresis in children from the perspective of the "Five Emotions" of traditional Chinese medicine [J]. Journal of Traditional Chinese Pediatrics, 2024, 20(06):8-10.
- [21] Chen Yang, Cheng Fang, Zhang Yuqi, et al. Exploring the treatment of enuresis in children with Wuling San based on bladder qi transformation [J]. Chinese Journal of Integrated Traditional Chinese and Western Medicine Pediatrics, 2025, 17(01):83-86.
- [22] Yu Qiao Qiao, Li Jun, Li Ning. Observation on the efficacy of Guben Zhiyi pills in the treatment of enuresis in children [J]. Journal of Practical Chinese Medicine, 2020, 36(12):1548-1549.
- [23] Tu Luting, Li Yancai, Bao Chao. Application of "tongdu warming yang" acupuncture therapy in children with enuresis based on the "brain-du channel-bladder" axis theory [J]. Western Chinese Medicine, 2021, 34(02): 46-49.
- [24] Wu Min, Yang Qing. Systematic review and meta-analysis of traditional Chinese medicine for the

- treatment of enuresis in children [J]. *Guangming Chinese Medicine*, 2023, 38(19): 3697-3702.
- [25] Yin Ping. Research progress on the pathogenesis and acupuncture treatment of enuresis in children [J]. *Journal of Modern Integrated Traditional Chinese and Western Medicine*, 2010, 19(08):1023-1025.
- [26] Huangdi Neijing·Suwen [M]. Beijing: China Traditional Chinese Medicine Press, 2020: 45-47.
- [27] Ye Tianshi, Qing Dynasty. Clinical Guide and Medical Cases [M]. Shanghai: Shanghai Science and Technology Press, 2019: 123-125.
- [28] Li Shuai, Zhou Peng. Research Progress on Traditional Chinese Medicine Treatment of Childhood Enuresis [J]. *World Latest Medical Information Digest*, 2019, 19(78): 47-48.
- [29] Niu Jing, Zhou Xue, Chen Tuanying, et al. Research progress on the mechanism of action of Suquan Pills in the treatment of enuresis in children [J]. *World Chinese Medicine*, 2024, 19(07): 1038-1042.
- [30] Wang Zongyang, Liu Fang. Clinical observation on Buzhong Yiqi Decoction in the treatment of enuresis in children with lung and spleen deficiency type [J]. *Shanxi Traditional Chinese Medicine*, 2019, 35(07): 13-15.
- [31] Wang Jing, Wu Xinchun, Xu Lijin, et al. Research progress on TCM in enuresis in children [J]. *Chinese Ethnic and Folk Medicine*, 2025, 34(09): 94-98.
- [32] Chen Yang, Lü Guochun, Qu Fei, et al. Analysis of pediatric enuresis syndrome and Chinese medicine usage patterns based on data mining technology [J]. *New Chinese Medicine*, 2025, 57(12): 1-6.
- [33] Huang Shouqiang, Xu Haiyan, Xiong Jun, et al. Meta-analysis and systematic review of the effectiveness of moxibustion in treating pediatric enuresis [J]. *Journal of Jiangxi University of Traditional Chinese Medicine*, 2022, 34(04): 28-35.
- [34] Ding Lifeng, Ma Jun, Jin Yingying. Clinical observation of massage combined with behavioral intervention in the treatment of primary nocturnal enuresis in children [J]. *Journal of Shanghai University of Traditional Chinese Medicine*, 2019, 33(01): 46-49.
- [35] Xu Xia. Research status of TCM external treatment for enuresis in children [J]. *Chinese Journal of Urban and Rural Enterprise Health*, 2020, 35(12):61-63.
- [36] Wu Yubin, Wang Xuefeng, Yu Jian. Clinical practice guideline of integrated traditional Chinese and Western medicine for enuresis in children (2025) [J]. *Chinese Journal of Integrated Traditional Chinese and Western Medicine Pediatrics*, 2025, 17(03):185-198.
- [37] Wen Jianguo, Jia Zhiming, Wu Junwei, et al. Progress in the evaluation and treatment of enuresis in children [J]. *Journal of Modern Urology*, 2015, 20(01): 4-9.
- [38] Dang Wei, Chen Yun, Zhu Shu, et al. Case study of treating anxiety combined with enuresis based on the principle of “body and spirit” [J]. *Shandong Journal of Traditional Chinese Medicine*, 2025, 44(03): 352-358.
- [39] Liu Juan, Ren Lianjie. Evaluation and thinking of a new dosage form for children’s medicine—micro-tablets [J]. *Pharmacy and Clinical Research*, 2021, 29(05): 393-397.
- [40] Zhang Changchang, Yao Yuan, Wang Yanxu, et al. Treatment of female stress urinary incontinence based on the “brain-kidney-bladder” axis and the Ren and Du meridians [J]. *Journal of Beijing University of Chinese Medicine*, 2025, 48(05): 658-663.