

OPTIMAL HEALTH UNIVERSITY™

Presented by Katie Gravesen, DC

Chiropractic Care for Bed-Wetting

Wet sheets and pajamas are a regular nighttime occurrence for young children, who often don't stay dry at night for some time after being completely toilet trained during the daytime. However, for many school-aged children, bed-wetting (a.k.a. primary nocturnal enuresis) is a problem that brings fear and shame, spoiling many a sleepover party or trip to summer camp.

Understanding what research has uncovered about bed-wetting is the first step to dealing with it, says Dr. Gravesen. Several studies point to chiropractic care as a safe and viable solution that can bring dry mornings and a sense of relief to many children. Read on to learn more about how to help a child you love.



Bed-Wetting Facts

Primary nocturnal enuresis is a common condition in children who have normal urinary control during the day. It plagues nine percent of 5-to-10-year olds, with 40 percent of these wetting the bed at least once a week (*Int J Clin Pract Suppl* 2007;155:8-16).

At age 10, five percent of children still have at least occasional bed-wetting, and one to two percent carry the burden through adolescence (*Chiropr Osteopat* 2010;18:14).

For all age groups, bedwetting is more than twice as prevalent in boys than it is in girls (*J Pediatr* 2011;Epub).

Technically, primary nocturnal enure-

sis is defined as intermittent incontinence — lack of urinary control — during sleep in individuals age 5 and older with no other associated symptoms and no period of over six months without an episode of incontinence.

Potential underlying medical causes of incontinence such as urinary tract infection, sleep apnea and diabetes, should be ruled out prior to initiating treatment.

The likelihood of primary nocturnal enuresis is higher in a child with a family history of childhood bed-wetting, delays in physical development, or a smaller-than-average bladder.

While the stigma surrounding bed-

wetting often connects it to psychological disturbances, Dr. Gravesen assures patients that research confirms that it is mainly a physiological problem (*Pediatrics* 1986;78:884-90).

Even though it does not generally have psychological roots, enuresis can have huge psychological ramifications for children. Children who struggle with bed-wetting describe low self-esteem and a sense of isolation because of their problem, while those who succeed in managing or ceasing the condition experience increased self-esteem (*Int J Clin Pract Suppl* 2007;155:8-16).

The Risks of Drugs for Bed-Wetting

Special bed-wetting alarms are often the first line of defense against enuresis, and if these do not work, medication is a common approach. However, drugs commonly prescribed for bed-wetting carry the danger of alarming side effects, warns Dr. Gravesen.



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For example, some doctors prescribe oxybutynin for nocturnal enuresis. It is an anticholinergic, a class of drugs that act on the nervous system and are used to treat Parkinson's disease among other conditions.

Common side effects of oxybutynin may include blurred vision, difficulty swallowing and gastrointestinal complaints. Most disturbingly, this drug causes neurological side effects nearly three times as often in children as adults, including agitation, confusion, amnesia and nightmares (*Can Fam Physician* 2011;57:559-61).

To top it all off, oxybutynin probably won't correct the condition. A recent study dispels the efficacy of anticholinergic drugs for treating bed-wetting (*Urology* 2011;77:721-4).

Another medication commonly used for bed-wetting is desmopressin, a synthetic hormone meant to reduce urine production. One study shows that of 114 children given the drug for nocturnal enuresis, only 21 percent responded favorably.

Furthermore, after 61 reports of seizures and two related deaths linked to nasal desmopressin, the drug now carries government warnings (*J Pediatr Urol* 2011; Epub).

Certain tricyclic antidepressant drugs may be effective against bed-wetting, but they carry hazards, including the danger of death from overdose (*N Engl J Med* 2009;360:1429-36).

One such drug, imipramine, has potential to cause life-threatening seizures or *cardiac dysrhythmia* — irregular heartbeat that can lead to heart attack (*Pediatr Nephrol* 2011;26:1207-14).

The Chiropractic Answer

For parents who don't wish to take a chance with their children's health by treating bed-wetting with medication, drug-free chiropractic care is an attractive and effective alternative. A multitude of studies confirm that chiropractic can be effective in significantly reducing — or even ending — bed-wetting.

One controlled clinical trial followed 31 nocturnal enuretic children who received chiropractic adjustments for 10 weeks. A control group of 15 children received sham treatments during the same period.

In the two weeks following the study, the group receiving chiropractic care had a significant decrease in wet nights — a mean of 3.4 per week versus the initial baseline of 4.5 per week. What's more, a quarter of the children in the chiropractic group cut their wet nights by half or more. There was no reduction in wet nights for the control group (*J Manipulative Physiol Ther* 1994;17:596-600).

Another investigation analyzed the records of 33 patients ages 3 to 18 who had received care for bed-wetting at a chiropractic clinic in the Netherlands over a three-year period.

Of these young patients, 22 ceased bed-wetting within a year of beginning chiropractic care — an impressive 66 percent success rate (*J Manipulative Physiol Ther* 2009;32:675-81).

In addition, a prestigious Cochrane Database Systematic Review found that chiropractic adjustments outperform sham adjustments (*Cochrane Database Syst Rev* 2005;2:CD005230).

Case studies shed some light on the mechanics of how chiropractic might help manage nocturnal enuresis by targeting musculoskeletal irregularities. One such study was just published and concerns a 13-year-old girl.

A chiropractic exam uncovered muscle and joint abnormalities in her lumbar (lower) spine and pelvis. Adjustments to these areas resulted in an end to bed-wetting for this child (*Alternat Med Rev* 2011;16:164-71).

A published case study of an 8-year-old boy tells a similar story. His chiropractic evaluation revealed several areas of dysfunction in his lumbar spine. After adjustments to these areas, his nocturnal enuresis was completely resolved (*J Manipulative Physiol Ther* 1994;17:335-8).

A Safe Solution for All Ages

Millions of parents trust doctors of chiropractic as partners in their children's wellness — in fact, chiropractic is the most common form of complementary and alternative medicine chosen by parents for their children (*Chiropr Osteopat* 2010;18:16).

At our chiropractic office, we know that a child's musculoskeletal system is growing and developing all the way from infancy through the teenage years. We tailor care appropriately to young patients.

When evaluating patients of all ages, the doctor looks for misalignments of the vertebrae (back bones) called **vertebral subluxations**, a common problem. As the spinal cord — the core of the nervous system — is protected by the vertebrae, vertebral subluxations can create diverse symptoms from digestive complaints to allergies and asthma to nocturnal enuresis.

Gentle maneuvers called **chiropractic adjustments** correct subluxations, relieving symptoms from pain and stiffness to headaches. Research backs the safety of chiropractic's drug-free, wellness-centered approach for young patients (*Explore [NY]* 2009;5:290-5).

The doctor also advises children and families on nutrition, exercise, ergonomics and other components of wellness. These paired with spine maintenance through regular chiropractic adjustments strengthen overall health and subsequent ability to fend off disease and recover quickly from injury.

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