# REALITY CHECK GEMS

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### What is enuresis?

Bed-wetting, also known as 'nocturnal enuresis' is defined as the involuntary loss of urine at night<sup>,</sup> in the absence of disease<sup>,</sup> at an age when a child could be expected to be dry.<sup>1</sup>

## Why try chiropractic?

We know that gently adjusting the spine changes the way the brain perceives what's going on in the body.25 Improving spinal function may help the brain and central nervous system to 'notice' that the bladder is full and wake the child at night. Unfortunately, not a lot of research has been done yet in this area but there are many individual cases published in the scientific literature suggesting that chiropractic care may help at least some children with their bed-wetting. In 1994, a group of researchers performed a clinical trial including 46 children who frequently wet the bed at night.<sup>21</sup> In this study the researchers found that after 10 weeks the children receiving chiropractic care had on average almost two more dry nights over a two-week period. The kids who did NOT receive any chiropractic care had no change in the number of nights they wet the bed. When the researchers took a closer look at the results they found that 1 in 4 of the children who received chiropractic care actually had a 50% or more reduction in wet nights over the course of the trial. None of the control group had this type of improvement. This suggests that chiropractic care may well help at least some children with their bed-wetting.



## Enuresis

Did you know that thousands of kiwi children occasionally wake up to a wet bed? Is your child one of them? Bedwetting (or nocturnal enuresis) can be a humiliating problem, affecting approximately 25% of children.<sup>2</sup> In this issue we

will be discussing why chiropractic care may help with this problem.

Over recent years the safety of chiropractic care for children and infants

#### When modern chiropractic care is appropriately applied it is very safe for all members of our society, irrespective of their age.

has been investigated by many researchers.<sup>22-24</sup> The results of their studies suggest that chiropractic care can be safely provided to even the youngest members of our society.

Chiropractic care reduced the frequency of bedwetting in some kids by 50%.







## Why try chiropractic?

Did you know we all have an inborn intelligence that guides us through our lifetime? When we get a cut, this intelligence recruits all needed cells in the body to facilitate healing, you don't even have to think about it! In your baby, this intelligence is also present. However, due to the somewhat traumatic birthing process and all kinds of environmental influences for this delicate new system, the expression of this intelligence may be compromised to some extent. This could result in odd sleeping patterns, bloating or maybe even bed-wetting. Chiropractors use gentle adjustments to the spine to help re-balance the nervous system in order to enhance the body's innate ability to self-heal and self-regulate. So consider taking your loved ones to a chiropractor as early as possible so they can have a great start in life.

Research published in 2009 on the role of chiropractors in caring for children and infants found that only three out of 5500 children visiting chiropractic offices reported adverse effects which were described as muscle or spine stiffness or soreness.<sup>24</sup> All cases were self-limiting and the patients continued under care. Parents also reported a host of improvements in their children's pain levels, mood and immune function. A review published in 2011 suggested that about one in every 100 or 200 children who see a chiropractor will experience mild adverse effects, defined as self-limiting irritability or soreness lasting less than one day.<sup>24</sup> More serious adverse effects usually tended to be correlated to significant preexisting conditions. The clinical bottom line from these studies is that modern paediatric chiropractic care is safe.

## But what causes bed-wetting?

The causes of enuresis are generally unknown.<sup>2-4</sup> Some theories suggest that some kids are a very deep sleeper, so they are unaware that their bladder is full.<sup>3</sup> It appears that the child's brain isn't receiving 'loud' enough messages saying that the child needs to wake up and go to the toilet. Other causes are thought to be emotional stress or a medical condition such as bladder infection.<sup>4</sup> Conventional management of enuresis includes behavioural therapy, alarm therapy and drug therapy. There is a lack of evidence to support most of these approaches.<sup>1</sup> Remember that the chiropractor isn't directly trying to treat the bed-wetting. Instead they're trying to improve spinal function with the aim of improving your child's brain's ability to process

what's going on in their body. And for some kids this seems to result in more dry nights and improved bladder control!

## Enuresis affects up to 25% of children!<sup>2</sup>

## Is it safe for kids?

Recent studies overwhelmingly suggest that chiropractic care can be safely provided to even the youngest members of our society.<sup>22-24</sup> Adverse events in children after chiropractic care are rare and usually don't require further care.<sup>22</sup>



<sup>1.</sup> Glazener et al. Cochrane Database Syst Rev. 2005(2):CD005230. 2. Robson N Engl. 2009;360(14):1429-1436. 3. Wen et al. Eur Urol. 2006;49(6):1107-1113. 4. Robson. N Engl J Med. 2009;360(14):1429-1436. 5. de Oliveira et al. J Pediatr Urol. 2015. 6. Doganer et al. J Family Med Prim Care. 2015;4(1):39-44. 7. Caldwell et al. Med J 2005;182(4):190-195. 8. Ramakrishnan et al. Am Fam Physician. 2008;78(4):489-496. 9. Bachman et al. ICA Rev. 1995;51(1):37-40.10. McCormick J Clin Chiropr Pediatr. 2006;7(1):464-465. 11. Hawk et al. J Altern Complement Med. 2007;13(5):491-512. 12. Blomerth J Manipulative Physiol Ther. Jun 1994;17(5):335-338. 13. Sweeney ICA Rev. 1997;53(4):69-74. 14. Gemmell et al. J Manipulative Physiol Ther. Oct 1989;12(5):368-389. 15. Postles et al. Chiropr J Aust. 2010;40(1):34-36. 16. Luscombe et al. J Pediatr Matern & Fam Health - Chiropr. 2014;2014(3):55-59. 17. van Poecke et al. J Manipulative Physiol Ther. Oct 2009;32(8):675-681. 18. Huang et al. Cochrane Database Syst Rev. 2011(12):CD005230. 19. Bronfort et al. Chiropr Osteopat. 2010;18:3. 20. Clar et al. Chiropr Man Therap. 2014;22(1):12. 21. Reed et al. J Manipulative Physiol Ther. Nov-Dec 1994;17(9):596-600. 22. Alcentare at al. Explore (NY). 2009;5(5):290-295. 23. Todd et al. J Manipulative Physiol Ther. 24. Doyle et al. Clinical Chiropractic. 2011;14(3):97-105. 25. Haavik et al. 2012. Journal of Electromyography and Kinesiology, 22(5), 768-776.

