

Resolution of nocturnal enuresis in 9 year-old male under chiropractic care: A Case Report

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Abstract: *Objective/Clinical Features* A 9-year-old male presented for chiropractic care with nocturnal enuresis (bedwetting). The child had a history of chiropractic care, but there was a significant time period from his last adjustment. During this time the bedwetting frequency had increased to 3-4 nights in a row. The child had received repetitive antibiotic prescriptions from the ages 0-7 and had injured their 'tailbone' two years previous.

Upon examination it was identified that the child was experiencing severe mental stress, high emotional stress, and moderate physical stress. Objective measures of thermal scanning, static EMG, and heart rate variability were recorded and analysed both pre and post chiropractic care.

This examination revealed a minor AHC, a high right shoulder with corresponding right foot flare and sacral torsion. Spinal Galant and ATNR reflexes were retained bilaterally, and the Palmer reflex on the right. Increased tension was noted in *sub-occipital* muscles, *right trapezius*, *right rhomboid*, and bilateral *gluteus medius*. Subluxations were identified at the levels of C3/4, C6/7, T6/7, and about the Sacrum.

Intervention/Outcomes: Care followed a schedule of 2 sessions per week for 6 weeks, followed by a review. Techniques employed included *Diversified Manual*, *Thompson* and *Logan Protocols*. Following the review the schedule of care was revised to weekly sessions for a duration of 4 weeks. At the review it was found there was a complete resolution of nocturnal enuresis for several weeks, significant improvements in muscle tension, improvement in posture, and a reduction in subluxations at the upper cervical complex and Sacrum. Retained primitive reflexes also integrated during this course of care, with the exception of ATNR which remained positive.

Conclusion: Chiropractic care may be of assistance in the management of nocturnal enuresis.

Indexing Terms: Chiropractic; Subluxation; enuresis.

Introduction

It is often said in chiropractic circles that subluxations vertebral subluxations arise from trauma, toxins or stress. In line with this, the *Australian Spinal Research Foundation* defines the Vertebral Subluxation as 'A diminished state of being, comprising a state of reduced coherence, altered biomechanical function, altered neurological function and altered adaptability.' (1)

Even in childhood, reduced coherence, and altered biomechanical and neurological function may be observed. The present case report examines

... A 9yo male reverted to frequent enuresis during a lapse in care. On re-assessment and then correction of found subluxations he stabilised with resolution of the most recent episodes. This case may have a relationship to forced masking in the child's school environment, a reported stressful matter ...'



the improvement of multiple symptoms concomitant with chiropractic care, which ultimately played a role in the avoidance of surgery to correct nocturnal enuresis.

While the aetiology of nocturnal enuresis varies from case to case, and while this particular patient presented with a variety of symptoms, the removal of the role of chiropractic care in supporting the neurological and biomechanical stasis may have been detrimental in this case.

Background

A 9-year-old male presented for care with a primary complaint of nocturnal enuresis (bedwetting). His family had been under intermittent chiropractic care over the course of his life. However, there had been a significant break in care during which there was a marked increase in his bedwetting, which now occurred 3-4 nights in a row. His parents were intending to set an appointment with a urologist when they presented for care.

Other members of the family had experienced bedwetting also, meaning there was a family history of the condition with a traceable medical mechanism behind it. While the mother noted the family history and suggested surgical intervention may be necessary, she also noted that it was '*potentially due to increased stress as school approached with masks and covid changes.*'

Other relevant medical history included repetitive prescriptions of antibiotics from the ages of 0-7, and a fall from the monkey bars at age 7. Since the accident, the patient had suffered from '*intermittent tailbone pain*', and had re-injured it prior to this presentation for chiropractic care.

Examination

A pre-care history and examination of the patient also revealed additional complaints of allergies, poor posture, sleep issues and low energy, recent complaints of back pain, and a diagnosis of *Lyme Disease*.

His social history indicated a severe (10/10) level of mental stress including difficulty connecting with others, as well as negative thoughts and worry. His emotional stress was rated as 8/10 with poor self-esteem, parental divorce and subsequent remarriage of one parent listed as concerns. His physical stress was rated as a 6/10 with concerns including poor posture, finding it difficult to play outside, along with a poor diet which included high levels of sugar and low levels of fruits and vegetables.

A physical examination included thermal scanning, static EMG, and heart rate variability analysis. This examination revealed a minor AHC, a high right shoulder with corresponding right foot flare and sacral torsion. He had retained the Spinal Galant and ATNR reflexes bilaterally, and the Palmer reflex on the right. Increased tension was noted in *sub-occipital* muscles, right *trapezius*, right *rhomboid*, and bilateral *gluteus medius*.

Subluxations were found at C3/4, C6/7, T6/7, and about the Sacrum.

Management

Following examination, a six-week course of care was proposed at a frequency of two visits per week followed by a re-evaluation. Techniques employed included *Diversified Manual*, *Thompson* and *Logan Protocols*. At the review, improvements had been noted, so the care plan was revised to one session per week for four weeks, then continued supportive care to help maintain improvements.

Outcomes

Significant outcomes following the first course of care included a complete resolution of nocturnal enuresis '*for several weeks*'. The coinciding physical exam included segmental thermal scanning, static EMG and heart rate variability. This revealed significant improvements in muscle tension, and a reduction in subluxations at the upper cervical complex and about the sacrum.

A significant improvement in posture was noted. Retained primitive reflexes also integrated during this course of care, with the exception of ATNR which remained positive.

Discussion

Chiropractic case report data has indicated that improvements in nocturnal enuresis under chiropractic care are not uncommon. While individual cases may differ in terms of their aetiology, high levels of stress may have contributed to this presentation. Additionally, retained primitive reflexes indicated some cortical immaturity and potentially brainstem involvement (as is sometimes noted with nocturnal enuresis). Despite a family history of nocturnal enuresis, the condition improved significantly under chiropractic care.

While further research is required to confirm the link between stress, subluxation and bedwetting in older children, this case report indicates that chiropractic care for the reduction of subluxation may assist in the management of all three conditions.

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About the chiropractor

Dr. Amanda Blonigen is a co-creator of *On-Site Chiropractic, LLC*. She is passionate about serving chiropractic care to our youth and is currently operating on-site within a public school district in Western Wisconsin. She graduated with her B.S. in Biology at The Ohio State University and her Doctorate of Chiropractic at Life University in Atlanta.

Dr. Amanda is focused on growing a healthy community. She is passionate about chiropractic care for kids and recognises the importance of holding space for each of them to reach their greatest potential. Dr. Amanda has spent many hours understanding the development of children and she is furthering her education on paediatric care through the ICPA by working to complete her CACCP from the Academy of Chiropractic Family Practice.

About the Case Report project

This Case Report is a part of the [ASRF Case Report Project 2021](#), a project designed to gather client studies from chiropractors and transform them into much-needed case reports, focused on the effects of chiropractic care on clinical presentations highly relevant to chiropractic, such as stress, immunity and adaptability. This project was made possible by the generous fundraising and contributions of ASRF supporters.

ASRF definition of subluxation

'A vertebral subluxation is a diminished state of being, comprising a state of reduced coherence, altered biomechanical function, altered neurological function and altered adaptability.'

