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ASRF CASE REPORT PROJECT

# Improvement in constipation in children aged 6, 4 and 2: A Chiropractic paediatric case series

Jennifer Luu, Ruth Postlethwaite and Clare McIvor

Background: Three children, aged 6, 4 and 2, presented with constipation. These children were from different families, at different ages, and on different base diets.

Intervention: All three patients commenced Chiropractic care under the hands of a single Chiropractor who checked and adjusted them according to a low-force adjustment protocol including Activator™ methods.

Outcomes: Parents across all cases reported that improved bowel control was associated with increased confidence, reduced social anxiety, and improved family quality of life.

Conclusion: Given the prevalence of constipation in the wider community, and the simplicity of the care plan before resolution of symptoms occurred, larger studies investigating Chiropractic care in children, and especially lumbopelvic function as it pertains to encopresis, enuresis and constipation, is warranted.

Indexing Terms: Chiropractic; Subluxation; paediatrics; encopresis; enuresis; constipation.

## Introduction

Constipation is a common paediatric complaint, affecting an estimated five to thirty percent of children worldwide, with functional constipation accounting for the majority of cases. (Tabbers et al., 2014) It is frequently associated with stool withholding behaviours, painful defecation, and in some cases encopresis. Beyond gastrointestinal symptoms, chronic constipation in children has been linked to emotional distress, behavioural challenges, reduced social participation, and family stress. (Koppen et al., 2018)

Conventional management typically includes dietary modification, behavioural strategies, and pharmacological agents such as osmotic laxatives or stool softeners. While these approaches are often effective, some families

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seek adjunctive or alternative, non-pharmacological care options, particularly when symptoms persist or behavioural components are prominent.

The Chiropractic literature addressing paediatric constipation is limited but includes several case reports and small case series' describing improvements in bowel function following Chiropractic care, particularly with attention to the lumbopelvic and sacral regions. (Alcantara et al., 2011; Miller & Benfield, 2016) These reports do not establish causation but suggest a potential association worthy of further investigation.

This case series describes three paediatric patients presenting with constipation and encopresis who received Chiropractic care, with outcomes tracked through parental report and bowel habit diaries.

## Case details

Three children from different families, presented to a Chiropractic clinic accompanied by a parent, with the primary concern being ongoing constipation, with or without encopresis. All three cases were unique in that there were different base diets and different developmental stages.

All patients were checked and adjusted using subluxation-based care by the same Chiropractor who used the same techniques to care for them.

### *Case 1: Six-year-old male*

The patient was toilet-trained and reportedly had continence until approximately four years of age. Over the preceding six to twelve months, he experienced intermittent episodes of constipation followed by encopresis. At the time of presentation, encopresis was occurring approximately two to three times per week, predominantly at school. The child had become aware of these episodes, and his mother frequently found dry but soiled underwear.

The patient had been assessed by a paediatrician and child psychologist. Attention deficit hyperactivity disorder (ADHD) was excluded, and he was described as developmentally appropriate, happy, and energetic. Pregnancy, birth history, and developmental milestones were unremarkable. Crawling commenced at eight months and independent walking at ten months. Past medical history included tonsillectomy, which reportedly resulted in a marked improvement in sleep apnoea.

Orthopaedic and neurological examination findings were largely within normal limits. Myotome testing was normal throughout. Deep tendon reflexes were 2+ bilaterally, except for the right L4 reflex, which was graded 1+. Cervical and lumbar range of motion was symmetrical and unrestricted. A standing asymmetrical tonic neck reflex test demonstrated left-sided sway. Fukuda stepping test was within normal limits.

### *Case 2: Four-year-old male*

This patient first presented for Chiropractic care as a three-month old infant, having been presented by his parents to manage a plagiocephaly over the right occipital area. This resolved over the following months of care. During this time, all neurological and orthopaedic tests were within normal limits. Primitive reflexes were also found to be within normal limits during this time.

The patient experienced several anaphylactic reactions to a number of foods, and thus his specialist appointments took priority for a while, and he paused Chiropractic care. He suffers from a number of co-morbidities, which see him carry not only an epipen, but also a defibrillator at times. No additional concerns were reported regarding pregnancy, birth, or early development.

This patient had experienced encopresis for approximately three months prior to presentation. He was taking laxatives at the time of initial assessment. His bowel pattern was described as prolonged stool withholding, sometimes up to one week, followed by episodes of diarrhoea overflow. At times, he reported an urge to defecate but resisted going to the toilet; at other times, he appeared unaware of bowel movements.

At the time of his representation for constipation, a full panel of neurological and orthopaedic assessments were completed, along with primitive reflexes and a chest examination. There were found to be within normal limits.

### *Case 3: Two-year-old female*

The patient had experienced constipation for approximately six months. Her mother reported behavioural cues indicating the urge to defecate, including hand flapping, followed by continued stool withholding. Bowel movements occurred every four to five days and were described as large 'explosions'. She was taking a stool softener at then time of her presentation to the Chiropractor.

The child was described as frequently unsettled, easily upset, and generally grumpy. Pregnancy, delivery, and past health history were unremarkable.

At the time of her presentation for constipation, the child's neurological and orthopaedic exams were found to be normal. She retained her moro reflex, but all other primitive reflexes were following a normal trajectory. She had crawled at nine months and walked at twelve months.

## Case similarities

All three children demonstrated findings consistent with lumbar and sacral subluxations on Chiropractic assessment. All three children were checked and assessed using low force, paediatric appropriate adjustments as described below.

## Management

Baseline symptom frequency and bowel patterns were recorded. Parents were asked to maintain a bowel diary documenting frequency, consistency, accidents, and behavioural observations.

Chiropractic care consisted of low-force techniques appropriate for paediatric patients, including Activator™ instrument adjustments and drop-piece techniques. In the six-year-old patient, manual diversified adjustments were also utilised when clinically indicated. These were modified to suit the age and tensile strength of the patient.

Parents were encouraged to maintain regular toileting routines, minimise pressure around bowel habits, and continue concurrent medical care as advised by their primary healthcare providers.

All children were initially placed on weekly Chiropractic care, with progression to fortnightly care as bowel regularity improved. Reviews were conducted approximately every six weeks, with a consistent focus on the lumbopelvic and sacral regions.

The primary goal of care across all cases was the establishment of regular, voluntary bowel movements.

## Outcomes

### *Case 1: Six-year-old male*

Early in care, reductions in encopresis were reported, with increasing awareness of urge and voluntary toileting. Later in the year of presentation no encopresis incidents were reported, and both parents and teachers noted improved focus, calmer behaviour, and improved task completion at school.

During later stages of care, two isolated accidents occurred during periods of emotional stress, including a family bereavement, and while the child was engrossed in play. Overall, improvements in bowel awareness, continence, and behavioural regulation were maintained.

### *Case 2: Four-year-old male*

On 14 October of the year of presentation the child had not defecated for one week, though he reported an urge to defecate during the initial Chiropractic visit. By 21 October several bowel movements had occurred during the week. On 28 October bowel movements were reported on consecutive days. By mid-November, bowel movements were occurring daily or every second day, with improved recognition of urge.

By late November and December, the child was having daily bowel movements, independently reporting the need to go, and care was progressed to fortnightly intervals.

This case also represents a quick symptomatic resolution despite no additional changes in the child's home life or diet.

### *Case 3: Two-year-old female*

At initial follow-up on 23 December in the year of presentation no change in bowel habits was reported. By 6 January bowel movements had become more regular, though not daily, and the child was more willing to sit on the potty. By 30 December of that year, 12 months into care, bowel movements were occurring almost daily, and the child was described as noticeably happier. By next January the child was indicating the need to use the toilet, having daily or multiple daily

bowel movements, and demonstrating increased social engagement. Her mother described her as a 'happy kid'.

This case illustrates a significant change not only in constipation and encopresis, but with numerous aspects affecting quality of life and social function.

Parents across all cases reported that improved bowel control was associated with increased confidence, reduced social anxiety, and improved family quality of life.

## Discussion

This case series describes improvements in bowel regularity, encopresis frequency, and toileting awareness in three symptomatic children receiving Chiropractic care. While causation cannot be established, the observed changes are consistent with previous Chiropractic case reports involving paediatric constipation. (Alcantara et al., 2011; Miller & Benfield, 2016)

One proposed mechanism discussed in the Chiropractic literature relates to the role of the lumbosacral spine in autonomic and somatic innervation associated with bowel function. Chiropractic care may also influence broader aspects of nervous system regulation, including autonomic balance, which may be relevant in children exhibiting stool withholding behaviours or heightened stress responses.

Constipation in children frequently carries social and emotional consequences. From a family perspective, non-pharmacological, supportive care options are often sought alongside medical management. These cases suggest Chiropractic care may be considered as a drug-free approach within a multidisciplinary framework including educators and family care.

This case series is limited by its small sample size, lack of control, reliance on parental report, and incomplete baseline examination data for two cases. Additionally, care interruptions due to family emergencies occurred in two patients, which may have influenced outcomes. However, the implications are clear: when Chiropractic care was introduced, changes followed quickly where other care had not produced a resolution.

Further research is needed, including prospective observational studies and controlled trials, to explore the role of chiropractic care in paediatric constipation. Long-term studies comparing developmental and health outcomes in children receiving regular chiropractic care versus those who do not may help clarify potential associations.

## Conclusion

In this case series, Chiropractic care was associated with improvements in bowel regularity, encopresis, and toileting awareness in three paediatric patients. While preliminary, these findings contribute to the limited literature on Chiropractic care and paediatric constipation and support the need for further systematic investigation.

The Chiropractic approach to issues like this is not to treat the symptom, but rather to care for the child's nervous system. When the nervous system is running optimally, the effects may integrate across a child's physical, emotional and social development. More research to extrapolate the full implications of chiropractic care for children would be greatly beneficial

## Evidence context

This descriptive study is an observational design and is limited as a case series n = 3, lacking controls. The effect of potential confounding factors, including comorbidities, cannot be excluded. We recognise that subluxation identification and correction is the art of the individual Chiropractor.

The findings could support the clinically relevant hypothesis that the identification and correction of spinal subluxation and lumbopelvic functional dysfunction are modifiable contributors to the effective management and resolution of the clinical presentation of paediatric constipation.

This report is eligible for inclusion as 'expertise' bringing clinical insights into the JBI FAME evidential ring (JBI Manual for Evidence Synthesis; 2024) to inform evidence-based healthcare in general and the science of Chiropractic in particular.

Ruth Postlethwaite
BBiomedSc
Writer, ASRF

Clare McIvor
BBus(Admin),
GD Comms(ProfWrit,Edit),
GD(Psych)(Cand)
Writer, ASRF

Jennifer Luu
BSc, MChiropr
Private practice of Chiropractic
Melbourne
Australia
jen@knoxchiropractic.com.au

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## *About he author*

Upon graduating from Royal Melbourne Institute of Technology (RMIT), Dr Jen practiced in Melbourne and overseas. Her strong philosophy and focus in enhancing and maintaining the optimal function of the nervous system via the spine and its subsequent influence on overall well-being leads to her passion for wellness chiropractic, particularly working with children and families.

Dr Jen's passion assisting people to lead healthier lives and this takes her overseas as a volunteer Chiropractor in Cambodia. She also leads annual volunteer clinical outreach excursions for Chiropractors and final year Chiropractic students.

Dr Jen is a Board Director and Vice President of the Australian Spinal Research Foundation, an organisation that aims to facilitate research and disseminate knowledge that furthers the understanding, development and effectiveness of chiropractic care.

## *About the Case Report project*

This Case Report is a part of the ASRF Case Report Project, 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.

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