Enuresis and Natural Treatment

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**Enuresis** (from the Ancient Greek ἐνούρησις / enoúrēsis ()), refers to a repeated inability to control urination.\(^{[1]}\) Use of the term is usually limited to describing individuals old enough to be expected to exercise such control.\(^{[2]}\)
Epidemiology

In the United States, approximately 15 to 20 percent of 5 year old children will develop symptoms related to disorder. Prevalence changes significantly with age. To be more specific, about 33 percent of 5 year-olds, 25 percent of 7 year olds, 15 percent of 9 year olds, 8 percent of 11 year olds, 4 percent of 13 year-olds, and 3 percent of 15 to 17 year-olds. Numbers show that diurnal enuresis is much less common. Overall, about 60 percent of those suffering are male. However, this too depends on age. From ages 4 to 6, the number of boys and girls is about equal. However, the ratio changes so that by 11 years of age there are twice as many boys as girls. Incidence varies with social class with more incidences among those with low socioeconomic status. No evidence has been found related to ethnic differences.

Classification

Types of enuresis include:

- **Nocturnal enuresis** (bedwetting)
- **Diurnal enuresis**
- Mixed enuresis - Includes a combination of nocturnal and diurnal type. Therefore, urine is passed during both waking and sleeping hours.

Also,

- Primary enuresis refers to children who have never been successfully trained to control urination. This represents a fixation.
- Secondary enuresis refers to children who have been successfully trained but revert to wetting in a response to some sort of stressful situation. This represents a regression.

Urinary incontinence (UI) in men facts

*Urinary incontinence (UI) in men facts Medically Edited by: [Melissa Conrad Stöppler, MD](mailto:melissa@melissaconradstoepler.com)*

- The definition of urinary incontinence in men is the unintentional loss of urine. Weak bladder muscles, overactive bladder muscles, certain prostate conditions, and nerve damage are just some of the possible underlying causes of urinary incontinence in men.

- There are different types of urinary incontinence in men, including stress incontinence, urge incontinence, and overflow incontinence.

- Diagnosis of urinary incontinence in men may involve a physical exam, an ultrasound, urodynamic testing, and tests including an electroencephalogram (EEG) and
an electromyogram (EMG). The doctor will also take a medical history and may recommend keeping a bladder diary.

- Treatment of urinary incontinence in men may include behavioral treatments, like bladder training and Kegel exercises, medication, surgery, or a combination of these therapies. Support groups may also be recommended.

- Research is ongoing to discover new and better treatments for urinary incontinence in men.

**Urinary incontinence (UI) introduction**

Urinary incontinence (UI) is the accidental leakage of urine. At different ages, males and females have different risks for developing UI. In childhood, girls usually develop bladder control at an earlier age than boys, and bedwetting -- or nocturnal enuresis -- is less common in girls than in boys. However, adult women are far more likely than adult men to experience UI because of anatomical differences in the pelvic region and the changes induced by pregnancy and childbirth. Nevertheless, many men do suffer from incontinence. Its prevalence increases with age, but UI is not an inevitable part of aging. UI is a treatable problem. To find a treatment that addresses the root of the problem, you need to talk with your health care provider. The three forms of UI are

- stress incontinence, which is the involuntary loss of urine during actions-- such as coughing, sneezing, and lifting -- that put abdominal pressure on the bladder

- urge incontinence, which is the involuntary loss of urine following an overwhelming urge to urinate that cannot be halted

- overflow incontinence, which is the constant dribbling of urine usually associated with urinating frequently and in small amounts

*Male urinary tract, front and side views.*
What causes urinary incontinence (UI) in men?

For the urinary system to do its job, muscles and nerves must work together to hold urine in the bladder and then release it at the right time.

Nerves carry signals from the brain to the bladder and sphincter. Any disease, condition, or injury that damages nerves can lead to urination problems.

Nerve Problems

Any disease, condition, or injury that damages nerves can lead to urination problems. Nerve problems can occur at any age.

- Men who have had diabetes or even mild sugar control for many years may develop nerve damage that affects their bladder control.
- Stroke, Parkinson's disease, and multiple sclerosis all affect the brain and nervous system, so they can also cause bladder emptying problems.
- Overactive bladder is a condition in which the bladder squeezes at the wrong time. The condition may be caused by nerve problems, or it may occur without any clear cause. A person with overactive bladder may have any two or all three of the following symptoms:
  - urinary frequency -- urination eight or more times a day or two or more times at night
  - urinary urgency -- the sudden, strong need to urinate immediately
  - urge incontinence -- urine leakage that follows a sudden, strong urge to urinate
- Spinal cord injury may affect bladder emptying by interrupting the nerve signals required for bladder control.

**Prostate Problems**
The prostate is a male gland about the size and shape of a walnut. It surrounds the urethra just below the bladder, where it adds fluid to semen before ejaculation.

- **BPH**: The prostate gland commonly becomes enlarged as a man ages. This condition is called *benign prostatic hyperplasia* (BPH) or benign prostatic hypertrophy. As the prostate enlarges, it may squeeze the urethra and affect the flow of the urinary stream. The lower urinary tract symptoms (LUTS) associated with the development of BPH rarely occur before age 40, but more than half of men in their sixties and up to 90 percent in their seventies and eighties have some LUTS. The symptoms vary, but the most common ones involve changes or problems with urination, such as a hesitant, interrupted, weak stream; urgency and leaking or dribbling; more frequent urination, especially at night; and urge incontinence. Problems with urination do not necessarily signal blockage caused by an enlarged prostate. Women don't usually have urinary hesitancy and a weak stream or dribbling.

![Image of prostate before and after radical prostatectomy](image_url)  
*Radical prostatectomy*

**Prostate Symptom Scores**
If your prostate could be involved in your incontinence, your health care provider may ask you a series of standardized questions, either the International Prostate Symptom Score or the American Urological Association (AUA) Symptom Scale. Some of the questions you will be asked for the AUA Symptom Scale will be the following:

- Over the past month or so, how often have you had to urinate again in less than 2 hours?
- Over the past month or so, from the time you went to bed at night until the time you got up in the morning, how many times did you typically get up to urinate?
- Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished urinating?
- Over the past month or so, how often have you had a weak urinary stream?
- Over the past month or so, how often have you had to push or strain to begin urinating?

Your answers to these questions may help identify the problem or determine which tests are needed. Your symptom score evaluation can be used as a baseline to see how effective later treatments are at relieving those symptoms.

Pathogenesis

The proposed condition PANDAS (pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections) has been used to describe a set of children who have a rapid onset of OCD and/or tic disorders following a streptococcal infection, with a link to other symptoms such as enuresis. A broader classification of this hypothesis, PANS, has been proposed which states that some patients suffer these symptoms in response to mycoplasma or lyme disease or even viruses rather than streptococcal. PANS is an acronym for Pediatric acute-onset neuropsychiatric syndrome. This hypothesis describes children who have abrupt, dramatic onset of obsessive-compulsive disorder (OCD) or anorexia nervosa coincident with the presence of two or more neuropsychiatric symptoms. It is believed that these children experience a rise in dopamine levels as a result of cross-reactive anti-neuronal antibodies. The rise in dopamine can cause such side effects as enuresis, bed-wetting, and urinary urgency.
Diagnosis

Clinical definition of enuresis is urinary incontinence beyond age of 4 years for daytime and beyond 6 years for nighttime, or loss of continence after 3 months of dryness. [5] Current DSM-IV-TR Criteria:

1. Repeated voiding of urine into bed or clothes (whether involuntary or intentional)
2. Behavior must be clinically significant as manifested by either a frequency of twice a week for at least 3 consecutive months or the presence of clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
3. Chronological age is at least 5 years of age (or equivalent developmental level).
4. The behavior is not due exclusively to the direct physiological effect of a substance (such as a diuretic) or a general medical condition (such as diabetes, spina bifida, a seizure disorder, etc.).

All these criteria must be met in order to diagnose an individual.

How is urinary incontinence (UI) diagnosed?

Medical History
The first step in solving a urinary problem is talking with your health care provider. Your general medical history, including any major illnesses or surgeries, and details about your continence problem and when it started will help your doctor determine the cause. You should talk about how much fluid you drink a day and whether you smoke, use alcohol or caffeine. You should also talk about the medicines you take, both prescription and nonprescription, because they might be part of the problem. Study the SOC Index. And start with behavior.

Voiding Diary
You may be asked to keep a voiding diary, which is a record of fluid intake and trips to the bathroom, plus any episodes of leakage. Studying the diary will give your health care provider a better idea of your problem and help direct additional tests.

Physical Examination
A physical exam will check for prostate enlargement or nerve damage. In a digital rectal exam, the doctor inserts a gloved finger into the rectum and feels the part of the prostate next to it. This exam gives the doctor a general idea of the size and condition of the gland. To check for nerve damage, the doctor may ask about tingling sensations or feelings of numbness and may check for changes in sensation, muscle tone, and reflexes.

EEG and EMG
Your doctor might recommend other tests, including an electroencephalogram (EEG), a test where wires are taped to the forehead to sense dysfunction in the brain. In an electromyogram (EMG), the wires are taped to the lower abdomen to measure nerve activity in muscles and muscular activity that may be related to loss of bladder control.
Ultrasound
For an ultrasound, or sonography, a technician holds a device, called a transducer, that sends harmless sound waves into the body and catches them as they bounce back off the organs inside to create a picture on a monitor. In abdominal ultrasound, the technician slides the transducer over the surface of your abdomen for images of the bladder and kidneys. In transrectal ultrasound, the technician uses a wand inserted in the rectum for images of the prostate.

Urodynamic Testing
Urodynamic testing focuses on the bladder's ability to store urine and empty steadily and completely, and on your sphincter control mechanism. It can also show whether the bladder is having abnormal contractions that cause leakage. The testing involves measuring pressure in the bladder as it is filled with fluid through a small catheter. This test can help identify limited bladder capacity, bladder overactivity or underactivity, weak sphincter muscles, or urinary obstruction. If the test is performed with EMG surface pads, it can also detect abnormal nerve signals and uncontrolled bladder contractions.

Nocturnal enuresis

Causes
After age 5, wetting at night—often called bedwetting or sleepwetting—is more common than daytime wetting in boys. Experts do not know what causes nighttime incontinence. Young people who experience nighttime wetting tend to be physically and emotionally normal. Most cases probably result from a mix of factors including slower physical development, an overproduction of urine at night, a lack of ability to recognize bladder filling when asleep, and, in some cases, anxiety. For many, there is a strong family history of bedwetting, suggesting an inherited factor.
Slower physical development

Between the ages of 5 and 10, incontinence may be the result of a small bladder capacity, long sleeping periods, and underdevelopment of the body’s alarms that signal a full or emptying bladder. This form of incontinence will fade away as the bladder grows and the natural alarms become operational.

Excessive output of urine during sleep

Normally, the body produces a hormone that can slow the making of urine. This hormone is called antidiuretic hormone, or ADH. The body normally produces more ADH during sleep so that the need to urinate is lower. If the body does not produce enough ADH at night, the making of urine may not be slowed down, leading to bladder overfilling. If a child does not sense the bladder filling and awaken to urinate, then wetting will occur.

Anxiety

Experts suggest that anxiety-causing events occurring in the lives of children ages 2 to 4 might lead to incontinence before the child achieves total bladder control. Anxiety experienced after age 4 might lead to wetting after the child has been dry for a period of 6 months or more. Such events include angry parents, unfamiliar social situations, and overwhelming family events such as the birth of a brother or sister.

Incontinence itself is an anxiety-causing event. Strong bladder contractions leading to leakage in the daytime can cause embarrassment and anxiety that lead to wetting at night.

Genetics

Certain inherited genes appear to contribute to incontinence. In 1995, Danish researchers announced they had found a site on human chromosome 13 that is responsible, at least in part, for nighttime wetting [citation needed]. If both parents were bedwetters, a child has an 80 percent chance of being a bedwetter also. Experts believe that other, undetermined genes also may be involved in incontinence.

Obstructive sleep apnea

Nighttime incontinence may be one sign of another condition called obstructive sleep apnea, in which the child’s breathing is interrupted during sleep, often because of inflamed or enlarged tonsils or adenoids. Other symptoms of this condition include snoring, mouth breathing, frequent ear and sinus infections, sore throat, choking, and daytime drowsiness. In some cases, successful treatment of this breathing disorder may also resolve the associated nighttime incontinence.

Structural problems

Finally, a small number of cases of incontinence are caused by physical problems in the urinary system in children. A condition known as urinary reflux or vesicoureteral reflux, in which urine backs up into one or both ureters, can cause urinary tract infections and incontinence. Rarely, a blocked bladder or urethra may cause the bladder to overfill and leak. Nerve damage associated with the birth defect spina bifida can cause
incontinence. An **ectopic ureter**, a misplacement of the ureter outside the bladder, can also commonly cause incontinence. In these cases, the incontinence can appear as a constant dribbling of urine.

**Ayurvedic remedies**

**Natural home remedy using Indian gooseberries, turmeric powder and honey:**

1. Cut, de-seed and crush 2 Indian gooseberries
2. Add a pinch of turmeric powder
3. Add 1 tsp honey
4. Mix well
5. Have 1 tsp of the mixture in the morning

**Natural home remedy using milk, fennel seeds and sugar:**

1. Take 1 glass warm milk
2. Add 1 tsp fennel seeds
3. Take 4 tbsp of sugar
4. Add 1 glass of water to this sugar
5. Heat this mixture till it becomes a thick syrup
6. Add 2 tbsp of this sugar syrup to the milk
7. Mix well
8. Drink this everyday

**Tips:**

- Eat 2-3 walnuts and about 8-10 raisins at bedtime
- For children:
  - Avoid giving them liquids at bedtime
  - Make it a habit to urinate before sleeping

These remedies are based on the principles of Ayurveda, the ancient Indian science of healing, and are completely natural, non-invasive, and can be prepared at home. Consult your doctor if the symptoms persist. Refer to the terms of use.
Effective Home Remedies to stop Bedwetting in Children:

Give your child a little amount of jaggery with lukewarm milk every morning. After around one hour or so, make your child eat a little bit of roasted sesame seeds and celery seeds which should be taken in equal amounts.

Continue this for 2 months to see the results.
Diurnal enuresis

Causes

Daytime incontinence that is not associated with urinary infection or anatomic abnormalities is less common than nighttime incontinence and tends to disappear much earlier than the nighttime versions. One possible cause of daytime incontinence is an overactive bladder. Many children with daytime incontinence have abnormal voiding habits, the most common being infrequent voiding. This form of incontinence occurs more often in girls than in boys.

An overactive bladder

Muscles surrounding the urethra (the tube that takes urine away from the bladder) have the job of keeping the passage closed, preventing urine from passing out of the body. If the bladder contracts strongly and without warning, the muscles surrounding the urethra may not be able to keep urine from passing. This often happens as a consequence of urinary tract infection and is more common in girls.

Infrequent voiding

Infrequent voiding refers to a child's voluntarily holding of urine for prolonged intervals. For example, a child may not want to use toilets at school or may not want to interrupt enjoyable activities, so he or she ignores the body's signal of a full bladder. In these cases, the bladder can overfill and leak urine. Additionally, these children often develop urinary tract infections (UTIs), leading to an irritable or overactive bladder.

Other causes

Some of the same factors that contribute to nighttime incontinence may act together with infrequent voiding to produce daytime incontinence. These factors include a small bladder capacity, constipation and food containing caffeine, chocolate or artificial coloring.

Sometimes overly strenuous toilet training may make the child unable to relax the sphincter and the pelvic floor to completely empty the bladder. Retaining urine (incomplete emptying) sets the stage for urinary tract infections.

Treatment

How is urinary incontinence (UI) treated?

No single treatment works for everyone. Your treatment will depend on the type and severity of your problem, your lifestyle, and your preferences, starting with the simpler treatment options. Many men regain urinary control by changing a few habits and doing exercises to strengthen the muscles that hold urine in the bladder. If these behavioral treatments do not work, you may choose to try medicines or a continence device --either an artificial sphincter or a catheter. For some men, surgery is the best choice.
HLA Antigens in Nocturnal Enuresis


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The association and distribution of HLA antigens in, and the contribution of genetic susceptibility to enuresis, were investigated in the present study. HLA-DQ1 was found in 35 of the 45 patients (77.7%) in the study group, but in only 19 of the 50 cases (38%) in the control group (p<0.05, n = 2.03). The association between HLA-DQ1 and nocturnal enuresis demonstrated in this study may lead to further identification of related chromosomes and loci for various subgroups of nocturnal enuresis, and the identification and differentiation of these subgroups may have direct implications for rational trials of therapy.

Introduction

HLA genes play an important role in several immunologic and non-immunologic reactions in the human body [1, 2, 3, 4, 5, 6, 7]. The physical interactions between class I antigens and other surface proteins suggest that these glycoproteins are actively involved in organogenesis during fetal life [8]. These findings have given rise to the investigation of the immunogenetic aspects of many diseases.

With its clinical heterogeneity, noticeable family history and various degrees of responsiveness to treatment, enuresis remains as a dilemma to be solved. A few studies about enuretic children and their families yielded evidence of a genetic basis and suggested a complex etiology depending on a possible interaction between genetic inheritance and environmental factors.

The association and distribution of HLA antigens in, and the contribution of genetic susceptibility to enuresis, were investigated in the present study.

Materials and methods

Children who had at least two wet nights per week were investigated in this study. In each case a detailed family history was taken from the parents to confirm the presence of nocturnal enuresis and to elicit any features suggesting an underlying urological disorder. Positive family history was defined as the presence of any parent with persistent nocturnal enuresis beyond the age of
CASE REPORT

Treatment of Long-Standing Nocturnal Enuresis by Mandibular Advancement

Christopher J. Robertson, D.D.Sc. 1

ABSTRACT

Enuresis, the involuntary release of urine during sleep, is one of the most common disorders of childhood. More common in boys than girls, this condition is characterized by night-time wetting in the presence of normal urinalysis and physical examination. At present, treatment can be divided into behavioral modification and pharmacological therapy, despite which many enuretic children remain untreated or are treated ineffectively. Treatment of long-standing chronic enuresis by orthodontic appliances could be used more frequently to give relief to those not responding to conventional treatment. Mandibular advancement therapy is especially beneficial in the treatment of enuretic patients presenting with anteroposterior skeletal discrepancies.

KEYWORDS: Nocturnal enuresis, mandibular advancement therapy

Nocturnal enuresis is one of the most prevalent and persistent sleep problems in children. Despite intensive clinical research, many enuretic children remain untreated or are treated ineffectively. 1 Nocturnal enuresis is characterized by the frequent occurrence of normal complete uncontrolled micturition during sleep in children older than 5 years of age. 2 Research suggests that enuresis is most prevalent in the United States with as many as 8% of boys and 4% of girls still enuretic at age 12. 3

The most widely used criteria for enuresis specifies two or more incontinent events in a month over 5 years of age with the absence of a physical disorder associated with incontinence such as urinary tract infection or diabetes. Enuresis is divided into primary, where the child has never had a long period of nocturnal continence, and secondary, where night-time wetting reoccurs after 1 year of continence and is more likely to have a pathologic etiology. Primary enuresis is far more frequent than secondary with an approximate ratio of 10:1. 2

Enuresis is reported to be a common symptom of obstructive sleep apnea in children 4 and is suggested to be secondary to increased intra-abdominal pressure from paradoxical breathing associated with increased respiratory effort. 2 Sleep investigations have also shown that enuretic children have no increase in the antidiuretic hormone vasopressin at

Sleep and Breathing volume 8, number 1, 2004. Address for correspondence and reprint requests: Christopher J. Robertson, D.D.Sc., Department of Oral Sciences and Orthodontics, School of Dentistry, University of Otago, P.O. Box 5495, Dunedin, New Zealand. E-mail: c.robertson@dean.otago.ac.nz. 1Department of Oral Sciences and Orthodontics, School of Dentistry, University of Otago, Dunedin, New Zealand. Copyright © 2004 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 344-4602. 1520-9512(2004)08:01:0024-012, e3508000, 01.057.000, 01.e366000, 01.e366001

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Constipation: a cause of enuresis

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Abstract. Chronic functional constipation was confirmed by history, rectal examination, and rectal manometric studies in 20 of 26 children with enuresis. Treatment of constipation resulted in resolution of the enuresis. Uninhibited bladder contractions, observed in enuretic constipated children, were also noted in children with constipation alone, suggesting that constipation is a commonly unrecognized etiologic factor in enuresis.

Key words: Constipation – Enuresis

Introduction

Enuresis presents a major management problem in the field of pediatric nephrology. This condition results in major psychologic effects in affected children. It has been attributed to psychologic dysfunction [1] and abnormalities of neurologic control of bladder function [20], and has been treated with systemically acting drugs such as imipramine [10] and vasopressin [15], all with potentially serious side effects and none with a completely satisfactory result.

Recent studies have noted that constipation as determined by history, examination, and rectal manometry was associated with recurrent urinary tract infection in children and that over 60% of them also suffered from enuresis and commonly had a reduced bladder capacity similar to that reported in enuretics [1, 3, 4, 5, 7, 12, 13]. Treatment of the constipation also resulted in resolution of the recurrent infections and enuresis. We studied a group of children who had enuresis in the absence of infection or urologic abnormalities of the urinary tract to determine the presence or absence of constipation and the effect of therapy of the constipation on the constipated enuretics.

Patients and methods

Subjects of the study were 25 children, 26 of whom had been referred for the assessment and treatment of enuresis. Nine patients had severe functional constipation in the absence of urinary symptoms.

Of the 26 enuretic children, 20 had histories of constipation. Constipation was considered present if there was: (1) more than a 72-h interval between bowel movements or fewer than three times per week; (2) secondary encopresis; (3) the passage of small, hard, scatulant stools; (4) poor emptying and dilatation of the rectal ampulla after defecation as determined by rectal examination; (5) decreased amplitude of the rectal inhibitory reflex; and (6) markedly unstable pressures in the upper anal canal with changes exceeding 25 cm H₂O.

Rectal biopsies were obtained in patients who had a rectal inhibitory reflex.

Of the 20 enuretic children with constipation, all had a history of the passage of infrequent, large stools and rectal ampullary dilatation as determined by rectal examination and rectal manometry. All consented to aggressive treatment of the constipation; 10 were girls and 10 were boys. The mean age of the treated group was 8.47 ± 2.9 years.

Two children had day-wetting, 6 were enuretic at night, and 12 were enuretic during both day and night.

In 17 cases the enuresis was primary, in 3 others the family affirmed that there had been a dry period. The 3 patients with secondary enuresis were all boys; 2 had enuresis during both day and night and 1 had diurnal enuresis only. Nine had moderate enuresis, but 1 (a girl and 5 boys) had severe enuresis, more than three episodes during each 24-h period. Two had diurnal enuresis and 9 had nocturnal and diurnal enuresis. All of them had normal renal function and were chronically constipated as well.
Somatic correlates of functional enuresis

Abstract Functional enuresis is a heterogeneous group of syndromes with different etiology and pathophysiology. The aim was to identify specific somatic correlates of enuresis non-invasively in child psychiatric patients after exclusion of neurologic and structural forms of incontinence. One hundred sixty-seven consecutive children, aged 5 to 10 years with day and/or night wetting were examined prospectively with: urinalysis and bacteriology; ultrasonography, including bladder wall thickness and residual volume; uroflowmetry and pelvic-floor-EMG; EEG; and a complete psychiatric-neurologic examination. Day wetting children had a significantly higher rate of previous antibiotic prophylaxis, larger residual volume, thicker bladder walls; the uroflow curves were significantly less bell- and more staccato-shaped, the EMG less relaxed. Voiding postponers showed a tendency towards more uroflow anomalies than urge incontinent children. Primary and secondary enuretics did not differ on most parameters, but primary nocturnal enuretics with micturition problems had significantly less relaxed EMGs than monosymptomatic enuretics. Although day wetters had more pathological EEGs and neurological signs, these differences did not reach significance. The overall rate of urogenital anomalies was 10%. In conclusion, enuresis has a high rate functional somatic correlates with clinical and theoretical, classificationary implications.

Key words Functional enuresis – nocturnal enuresis – day wetting – urinary tract infections – ultrasonography – uroflowmetry – electroencephalography

Introduction

According to both the DSM-IV (3) and the ICD-10 (5) classification systems, functional enuresis is defined as repeated involuntary (and voluntary – DSM-IV) wetting beyond the age of five years – following the exclusion of major somatic disease. Specifically, diabetes mellitus and insipidus, epilepsy, spina bifida, urinary tract infections, neurologic and structural forms of urinary incontinence have to be ruled out. While these are important but rare causes of incontinence, the common diagnosis of "functional enuresis", too, represents a heterogeneous group of disorders with different etiologies, somatic correlates and specific therapies. While the traditional classification into day and night, as well as primary and secondary forms, still has its use as a general clinical guideline, specific syndromes can be delineated (7, 11, 28).

Among the night wetting the most common are: primary isolated, monosymptomatic nocturnal enuresis, characterized by a predominance of boys, deep sleep and difficult arousability, normal urodynamics, variations in the circadian AVP (arginine-vasopressin)-secretion, polyuria (27), an autosomal dominant mode of inheritance and, at least in subgroups, linkage to chromosomes No. 8, No. 12, and No. 13 (6, 12); primary
Enuresis, Fire Setting, and Animal Cruelty:
A Useful Danger Signal in Predicting Vulnerability of Adolescent Males to Assaultive Behavior

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Victor G. Haddox, M.D.
University of Southern California Medical School

ABSTRACT: Current shifts in corrective and rehabilitation planning result in an emphasis upon primary prevention efforts involving early identification and intervention with vulnerable children who run high risk of serious adolescent and adult delinquency. A variety of observers have argued that the presence of a combination of observable problem behaviors documented in childhood is related to ego weakness and may have value as a predictor of explosive acting out in later life. The present study examines a number of institutionalized adolescent male delinquents whose recent history contains reference to a triad of behaviors (persistent enuresis, fire setting, and animal cruelty). Not only does the predictive validity of the triad appear to be supported, but the cases cited rank highest among overtly dangerous assaultive youth seen in the Southern California Youth Authority during the 12-month observation period. Presented is a summary of case history data supporting the hypothesis that the triad is a useful clinical tool in the prediction of violent behavior.

Various social sciences have long struggled with issues concerning behavioral prediction. The applied behavioral sciences, particularly in the areas of correction and allied rehabilitation, have often seized upon concepts such as the psychological test profile, body type

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Behavioral Treatments
For some men, avoiding incontinence is as simple as limiting fluids at certain times of the day or planning regular trips to the bathroom -- a therapy called timed voiding or bladder training. As you gain control, you can extend the time between trips. Bladder training also includes Kegel exercises to strengthen the pelvic muscles, which help hold urine in the bladder. Extensive studies have not yet conclusively shown that Kegel exercises are effective in reducing incontinence in men, but many clinicians find them to be an important element in therapy for men.

How do you do Kegel exercises?
The first step is to find the right muscles. Imagine that you are trying to stop yourself from passing gas. Squeeze the muscles you would use. If you sense a "pulling" feeling, those are the right muscles for pelvic exercises.

Table 1: ICCS recommended terminologies and their explanations

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Description/ definition</th>
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<tr>
<td>Urinary incontinence</td>
<td>Involuntary leakage of urine&lt;br&gt;Types: intermittent (includes enuresis or daytime urinary incontinence) and continuous urinary incontinence</td>
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<tr>
<td>Daytime incontinence</td>
<td>Uncontrollable intermittent leakage of urine during the day</td>
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<td>Enuresis (nocturnal enuresis)</td>
<td>Intermittent urinary incontinence during sleep in the absence of physical disease beyond the age of five years</td>
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<td>Primary nocturnal enuresis</td>
<td>A child who has never been dry at night for more than six months</td>
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<tr>
<td>Secondary nocturnal enuresis</td>
<td>Enuresis in a child who has previously been dry for more than six months. This is more likely to be associated with an organic or a psychological cause</td>
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<tr>
<td>Non-monosymptomatic nocturnal enuresis</td>
<td>Nocturnal enuresis with daytime symptoms such as urgency, frequency or daytime wetting</td>
</tr>
</tbody>
</table>
Do not squeeze other muscles at the same time or hold your breath. Also, be careful not to tighten your stomach, leg, or buttock muscles. Squeezing the wrong muscles can put more pressure on your bladder control muscles. Squeeze just the pelvic muscles.

Pull in the pelvic muscles and hold for a count of 3. Then relax for a count of 3. Repeat, but do not overdo it. Work up to 3 sets of 10 repeats. Start doing your pelvic muscle exercises lying down. This position is the easiest for doing Kegel exercises because the muscles then do not need to work against gravity. When your muscles get stronger, do your exercises sitting or standing. Working against gravity is like adding more weight.

Be patient. Do not give up. It takes just 5 minutes, three times a day. Your bladder control may not improve for 3 to 6 weeks, although most people notice an improvement after a few weeks.

An Unexpected Natural Cure for a Humiliating Problem

It’s embarrassing, it’s upsetting, and it’s secretive. Bedwetting isn’t pleasant for anyone but there’s a natural cure to stop it!

Bedwetting is one of the biggest sources of embarrassment for a bedwetting child and even more so for a bedwetting teen. Tragically, as 2% of all 19 year olds still wet the bed!

End Shame and Frustration

If you’ve installed bedwetting alarms, restricted fluid intake and even tried hypnosis, yet still face the laundry of wet pajamas and bed linens in the morning, you’re going to be surprised, maybe even shocked, by an all-natural bedwetting cure that will end your child’s shame and frustration for good.

Brain-to-Bladder Communications
The brain controls and regulates the bladder and every other cell, tissue, organ and system of the body. Compromise or distortion of nerve messages between the brain and the bladder can result in a loss of bladder control.

**Nerve Interference From Spinal Bones**

Nerve impulses leave the brain, travel down the spinal cord and then out between spinal bones to service the bladder. Many bedwetting children and teenagers suffer nerve interference from spinal bones in their lower back where nerves exit the spinal column. The predictable result? Bedwetting.

**Experts Who Reduce Nerve Interference**

The symptom may be bedwetting, but the cause is nerve interference. Fortunately, there are licensed health professionals who reduce nerve interference to the bladder and the entire body who use all-natural methods. Doctors of Chiropractic have been successfully helping bedwetters for over a century!

Surprised?

**Can Chiropractors Help With Bedwetting?**

Simply put, if your child is exhibiting signs of nerve interference, a chiropractor can probably help. “I thought chiropractors just worked with headaches and back pain?” It’s a common misconception. Chiropractors locate and reduce nerve interferences caused by spinal vertebrae that are slightly misaligned and affecting nearby nerves.

**But My Child Doesn’t Have a “Bad Back”**

True, your child may not complain of low back pain or other back-related issues. However, the sometimes-subtle spinal misalignments that chiropractors help correct are often present without pain. Find out if your child’s bedwetting is the result of these overlooked and all-too-common spinal misalignments.

**Your Child’s First Visit to the Chiropractor**

After setting an appointment with one of the compassionate chiropractors who sponsor this site, there will be some brief paperwork. Then, a pre-care interview with the chiropractor. Parents often remark how impressed they are by the respect given their child, putting them at ease and giving them hope.

**A Thorough Head-to-Toe Examination**
If your child is a good candidate for chiropractic care, a complete examination will be conducted. Many chiropractic patients say it’s the most thorough they’ve ever had. The simple, non-invasive tests help reveal the location and extent of nervous system interferences along the spine.

**The All-Natural Chiropractic Adjustment**

After reporting the examination findings, a series of precise chiropractic adjustments will be recommended. These target the wayward bones producing the nerve interference causing the loss of bladder control. These gentle thrusts help nudge the particular vertebra back into normal alignment.

Not only are they effective, they feel great! (If they didn’t chiropractic would have vanished years ago.)

**Childhood Bedwetting Causes**

If you have a bedwetting child, rest assured you have plenty of company. Childhood bedwetting is one of the most common pediatric conditions. Most girls stay dry through the night by the time they reach age six; some boys may still be bedwetters until they reach age seven. This should prove reassuring to parents who expect that their children will stay dry through the night at a much earlier age.

Typically, bedwetting boys are no different from bedwetting girls when it comes to reasons why they wet their beds; however, boys do outnumber girls as bedwetters.

Your child may be a bedwetter because:

- You were one – 75% of all childhood bedwetters have a parent who also was one.
- The communication link between their brain and bladder isn’t mature enough yet to function properly during sleep.
- He or she is a very deep sleeper; therefore, their brain just doesn’t receive the “full bladder” signal.
- He or she may have a lower level of anti-diuretic hormone (ADH). ADH tells the kidneys to stop producing urine when you sleep.
- He or she has a smaller bladder that can’t hold urine through the night.
- Your child is constipated and the bowel is putting pressure on the bladder.

Although many parents once thought that childhood bedwetting was due to laziness, this is far from the truth. What child would actually want to sleep in a wet bed all night? Thankfully, this attitude has changed for the most part.

**Bedwetting: Causes in Teenagers and Adults**
If it’s embarrassing to be a bedwetting child – how much more shame does a bedwetting teenager face?
In some cases, a teenager might never have achieved any extended period of dryness (primary enuresis); in other cases, the teenager might have been dry at night for years when he or she begins wetting the bed again (secondary enuresis).

**Teenage bedwetting** has a number of causes, some of which are the same as those for younger children, while some may be related to other causes or conditions:
- Lower level of the anti-diuretic hormone (ADH)
- Smaller bladder
- Deep sleeping
- Medical conditions, such as diabetes, urinary infections
- Stress or other emotional disorders, common to teenagers

Many teens who cannot stop bedwetting are too ashamed to go to ask for help. This can affect their emotional health and cause them to avoid sleepovers and any type of close emotional attachments because they fear that their secret will get out.

A child has a 44% chance of being a bedwetter if one parent was a bedwetter; this statistic jumps to an 80% chance if both parents were bedwetters!

**Bedwetting Cures**

Usually the parents of childhood bedwetters and teenage bedwetters try a number of different bedwetting cures, without much success. Bedwetting diapers, a bedwetting alarm that is designed to signal when the first drop of urine hits an undergarment, or even bedwetting hypnosis are common bedwetting remedies; in most cases, these solutions are unsuccessful and the bed is still wet.

With bedwetting children, age is typically the “cure.” They simply outgrow it. With bedwetting teenagers, the answers aren’t always as simple, especially if they have never experienced any period of dryness. They are often frustrated, alone, ashamed and lonely, having been teased for years by everyone who found out about their “secret.”
Is Chiropractic a Cure For Bedwetting?

Chiropractors don’t claim to treat bedwetting. However, they do know that there is a good chance that chiropractic can help stop bedwetting, or at least reduce the frequency of “wet” nights, if the bedwetting is related to a spinal misalignment. Several research studies have explored the effectiveness of chiropractic adjustments on bedwetters. In one such study, 25% of children who received chiropractic adjustments experienced a 50% or greater reduction in the number of wet nights. None of the children in the control group experienced this same result.

Take Action Today!

Call one of the sponsors of ChooseNatural.com and feel free to talk candidly about your bedwetting frustrations and concerns. Listen to countless numbers of bedwetting stories, stories of the hope and help that chiropractic gave to children and teenagers who were chronic bedwetters and who are now “dry” through the night.

Bedwetting Medications

Medical doctors might prescribe medication as a bedwetting cure, especially for teenagers. However, unlike drug-free chiropractic care, use of these medications can produce side effects that are just as problematic as the bedwetting itself!

Listed below are some of the most frequently prescribed medications for bedwetting, along with a list of possible side effects associated with each.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANOFI-AVENTIS</td>
<td>Common side effects include nasal discomfort, nosebleeds, stomach pain, headache, nausea, flushing, abdominal cramps, rise in blood pressure, seizures, and water intoxication that can lead to coma or death.</td>
</tr>
<tr>
<td>TOFRANIL</td>
<td>Possible side effects include constipation, dry mouth, nervousness, anxiety, difficulty sleeping (insomnia), mood or personality changes, headaches, abdominal pain, decreased appetite, blurred vision, uncontrollable crying, fast heartbeat, seizures, coma, low blood pressure.</td>
</tr>
<tr>
<td>DITROPAN</td>
<td>Known side effects include urinary tract infection, insomnia, nervousness, dizziness, headache, blurred vision, dry mouth, constipation, nausea, nasal dryness, cough, dry throat, sinus congestion, hoarseness, asthma, nasal congestion, drowsiness.</td>
</tr>
</tbody>
</table>
Home Remedies for Bedwetting

Bedwetting is a very common problem associated with infants and small children. It is a process of unknowingly passing urine in bed at night. One reason behind this problem is small bladder and thus a child cannot hold his urine for all night. Other reasons can be hereditary, some kind of fear and so on.

This is a normal phenomenon that fades with time, but as this habit can be embarrassing for parents and can even make the child feel shy, parents look for treatments. You can remove the bedwetting habit of your child with some easy and simple natural remedies.

Here are top 10 home remedies for Bedwetting.

1. Jaggery

Jaggery should be given to small children due to its heating effect on the body. When the body remains warm from inside, the problem of bedwetting will vanish soon. Every morning give your child a small piece of jaggery along with a cup of warm milk. After one hour give your child roasted celery seeds and roasted sesame seeds in equal amounts with a pinch of rock salt. Repeat this process daily for around two months.

2. Mustard Powder

One good remedy for the problem of bedwetting is mustard powder. Take half teaspoon of dry mustard seed powder and add it to a cup of warm milk. Give this drink to your child at night an hour before going to bed. Mustard seeds can be of great help to those suffering from urinary diseases. You can even give a fistful of mustard seeds to your child to eat during the daytime. This will also help in stopping the problem of bedwetting.

3. Cranberry Juice
Cranberry juice is good for the kidneys, the bladder, and the urinary tract and thus good for bedwetting. Even though any kind of fluid should not be given to children before going to bed, but cranberry juice is highly recommended for children having the problem of bedwetting. Give fresh cranberry juice to your child an hour before going to bed. This is one of the simplest but effective home remedies for bedwetting. Repeat this process daily for a few months.

4. Indian Gooseberry

Indian gooseberry also known as amla is used in the treatment for various health problems including bedwetting. You need to give your child, one teaspoon of the pulp of Indian gooseberry mixed with a pinch of black pepper powder before going to bed. This will help in treating bedwetting problem. Else you can make a mixture of Indian gooseberry powder, ground cumin seeds and sugar candy and give it to your child two times in a day.

5. Cinnamon

If your child is having the problem of bedwetting, you need to give him a cinnamon bark once in a day and ask him to chew it properly. It is one of the easiest home remedies for bedwetting. Else make a combination of sugar and cinnamon powder and sprinkle it on regular buttered toast. Give this toast to your child for breakfast.

6. Banana

Banana helps in binding the stomach and thus can be used to prevent bedwetting at night. Give your child two to three bananas to eat everyday to reduce the problem to a greater extent. You can give one ripe banana
for breakfast and one banana at night before your child goes to sleep. It is advisable not to give overripe bananas to small children but they should be given firm and ripe bananas.

7. **Walnuts and Raisins**

Walnuts and raisins can also be used to reduce the symptoms of bedwetting. Give your child two teaspoon of walnuts and one teaspoon of raisins before going to bed in order to treat or even cure the condition. Also children will not mind in having this tasty snack just before bedtime. Repeat this remedy for a few months until you get positive results.

8. **Honey**

Honey is a wonderful source of natural sugar that can be used to treat the problem of bed wetting. Giving a teaspoon of honey to your child before going to bed can stop the problem of bedwetting to a great extent. You can also feed your child a spoonful of honey mixed with milk during breakfast. As honey is tasty to eat, children will love to have them without any fuss.

9. **Apple Cider Vinegar**

Apple Cider Vinegar can also be used to treat bedwetting. Take two tablespoon of apple cider vinegar and mix it to a glass of water. Give this solution to your child to drink with each meal. It will help to reduce the acid levels inside the stomach and will reduce the urge to urinate more frequently. At the same time apple cider vinegar will break down the calcium deposits present inside the body.
10. Herbal Tea

An herbal tea made up of horsetail, bearberry and oak bark can be used to treat bedwetting problem in small children. Take all the ingredients in small amounts and add it to a pan of boiling water. Cover the pan with a lid and leave it for a few hours. Give half cup of this herbal tea two times in a day and one cup about one hour before going to bed. When this herbal tea is taken on regular basis it will prevent bedwetting.

To conclude, the habit of bedwetting will not vanish in a day or two. As a parent, you need to be patient, as the above mentioned remedies will take time to correct the bedwetting habits of your child. Along with these remedies you need to teach your child about bathroom habits and you need to be sure that he goes to the bathroom before going to bed.

Adult Bed Wetting

Adult bed wetting is a problem that occurs in adults worldwide. They don’t disclose this problem to anyone or even to a doctor as they find it very embarrassing to talk about it. Adults tend to sleep soundly and may wet the bed at night unknowingly. Adult bedwetting is also called as Adult enuresis. It can affect 1 in 100 adults.

The medical term for bed wetting is called as nocturnal enuresis. Nocturnal enuresis is divided into two types which is primary nocturnal enuresis and secondary nocturnal enuresis. Adult bedwetting is a type of secondary nocturnal enuresis where the adult experiences bed wetting after staying dry. This occurs due to infection, stress or any other medical condition. This affects different people in various ways. Although bed wetting is called as nocturnal enuresis, it can occur at any time whenever you go off to sleep like if you doze off in the train. Such adults may find it difficult to stay away from home at night or go to the college or go for any business trips or even get married fearing that their partner may come to know about this. Apart from this, it may cost a lot of money like washing and drying the bedding everyday and buying disposable pads.

Causes of adult bed wetting

The causes of adult nocturnal enuresis are many, although the individual may not know the reason.

1. Some adults may suffer from overactive bladder wherein the individual may wet even during daytime. They may have increased frequency to urinate, Urge to pass urine often and may even leak on the way.
2. Certain infections like urinary tract infection or other bladder problems may cause bed wetting.
3. Stress and anxiety may also be the reason for bed wetting.
4. Adult Bed wetting can be a symptom for diabetes and kidney disorders.
5. As the person ages, the muscles of the bladder may lose the elasticity causing bed wetting.
6. An imbalance in the muscle of the bladder can allow the urine to leak out without the person being aware of it. The bladder may be small and may not be able to hold the urine for long time as a result of which the urine may start leaking out slowly.

**Remedies for preventing bed wetting**

1. Do not reduce the fluid intake with the fear of wetting. Make sure that the intake of fluid is reduced only after dinner.
2. Limiting the amount of caffeine can reduce the urge to urinate. Caffeine is a diuretic and is linked with adult bed wetting.
3. Keep an alarm clock to wake you up in the middle of the night for urination to reduce adult bed wetting.
4. It is necessary to learn to increase the amount of urine that a bladder can hold. This is needed in cases where you have an urge to go to the toilet frequently in the daytime or if you wet frequently in the night. Learn to hold the urine as much as possible in the daytime. This requires willpower.
5. Enuresis alarms are designed to wake you up in the night when you start wetting either by sounding a buzzer or by vibration. This alarm will help you learn to hold your urine.
6. Avoid alcoholic drinks especially in the evening as they can increase your urge to urinate due to their fluid content.
7. Talk to someone whom you trust and share your problems. Sometimes the intensity of the problem may get reduced if shared with someone else. Contact a doctor regarding the problem. Think positively and have a positive outlook towards life.
8. In case of bed wetting, avoid nylon bed sheets or clothes as they may not absorb the smell. Waterproof fabrics may be comfortable. In case you want to go out or you are going to stay out, use disposable under sheets and pads.

**Other suggestions**

In spite of the precautions taken if bedwetting in adults does not get cured, it is necessary to consult a doctor who can investigate the underlying cause of the problem. The doctor can identify the cause of the problem by carrying out various methods like medical history of the bed wetting adults, physical examination, urine tests, neurological evaluation, urologic examination and tests.

**Kegel exercises: A how-to guide for women**

Kegel exercises can help you prevent or control urinary incontinence and other pelvic floor problems. Here's a step-by-step guide to doing Kegel exercises correctly.

*By Mayo Clinic staff*

Kegel exercises strengthen the pelvic floor muscles, which support the uterus, bladder, small intestine and rectum. You can do Kegel exercises, also known as pelvic floor muscle training, discreetly just about anytime.

Start by understanding what Kegel exercises can do for you — then follow step-by-step instructions for contracting and relaxing your pelvic floor muscles.

**Why Kegel exercises matter**
Female pelvic floor muscles

Many factors can weaken your pelvic floor muscles, including pregnancy, childbirth, surgery, aging and being overweight.

You might benefit from doing Kegel exercises if you:

- Leak a few drops of urine while sneezing, laughing or coughing
- Have a strong, sudden urge to urinate just before losing a large amount of urine (urinary incontinence)
- Leak stool (fecal incontinence)

Kegel exercises can be done during pregnancy or after childbirth to try to prevent urinary incontinence. Kegel exercises — along with counseling and sex therapy — might also be helpful for women who have persistent difficulty reaching orgasm.

Keep in mind that Kegel exercises are less helpful for women who have severe urine leakage when they sneeze, cough or laugh. Also, Kegel exercises aren't helpful for women who unexpectedly leak small amounts of urine due to a full bladder (overflow incontinence).

Kegel Exercises:

Contract your pelvic floor muscles for three seconds, then relax the muscles for three seconds. Do this 10-15 times several times a day. Although shown here while lying down, these exercises can be done during a variety of daily activities, such as sitting in a meeting, while stopped in your car at a traffic light or when talking on the phone.
How to do Kegel exercises

It takes diligence to identify your pelvic floor muscles and learn how to contract and relax them. Here are some pointers:

- **Find the right muscles.** To identify your pelvic floor muscles, stop urination in midstream. If you succeed, you've got the right muscles.

- **Perfect your technique.** Once you've identified your pelvic floor muscles, empty your bladder and lie on your back. Tighten your pelvic floor muscles, hold the contraction for five seconds, and then relax for five seconds. Try it four or five times in a row. Work up to keeping the muscles contracted for 10 seconds at a time, relaxing for 10 seconds between contractions.

- **Maintain your focus.** For best results, focus on tightening only your pelvic floor muscles. Be careful not to flex the muscles in your abdomen, thighs or buttocks. Avoid holding your breath. Instead, breathe freely during the exercises.
Repeat 3 times a day. Aim for at least three sets of 10 repetitions a day.

Don't make a habit of using Kegel exercises to start and stop your urine stream. Doing Kegel exercises while emptying your bladder can actually weaken the muscles, as well as lead to incomplete emptying of the bladder — which increases the risk of a urinary tract infection.

1. **Find your pelvic muscles.**
   - While urinating, try to stop the flow. This tightening is the basic move of a kegel. However, don't use this as your regular kegel exercise routine. Doing kegels while urinating can actually have the opposite effect, weakening the muscle.
   - Place your finger in your vagina and squeeze your muscles. You should feel the muscles tightening and your pelvic floor move up. Relax and you'll feel the pelvic floor move back again.
Tighten and relax these muscles daily. Try and work up to 100-200 times a day. Or you can choose a certain thing to associate with them - for instance, kegel at every red light you come to, or every time you open the fridge.

Get into a comfortable position. You can do these exercises either sitting in a chair or lying on the floor. Make sure your buttock and tummy muscles are relaxed.

Concentrate only on the pelvic floor muscles and try not to tighten any other area of your body. Breathe normally during the exercise.

To do a quick kegel, quickly squeeze the pelvic floor muscles and release 10 times in a row. This should only take about 10 seconds.

To do a slow kegel, squeeze the pelvic floor muscles for 5 seconds and release. Do this 10 times. It should take about 50 seconds to complete a slow kegel.

To perform a pull-in kegel, think of your pelvic floor muscles as a vacuum. Tense your butt and pull your legs up and in. Hold this position for 5 seconds and then release it. Do this 10 times in a row. It should take about 50 seconds to complete.

Imagine you are trying to hold back urine; lift and squeeze from the inside. Try and hold that action for the count of three. Imagine that you are trying to stop yourself from passing wind; lift and squeeze your anus and hold for a count of three. Combine those two movements into one fluid movement. Starting from the front, lift and squeeze, don't let go, follow through to your anus, lift and squeeze. Relax. Hold this position for 10 seconds. Rest for 10 - 20 seconds and repeat.

- Work towards 12 strong holds and as it starts to become easier, try holding for longer, and repeat as many times as you can.
Ask for help if you don’t think you’re doing kegels properly. Your doctor can help you identify and isolate the correct muscles to perform the exercise.

- If necessary, your doctor can provide biofeedback training. This involves placing a monitoring device inside your vagina, and electrodes externally. The monitor can tell you how successful you were in contracting your pelvic floor muscles and how long you were able to hold the contraction.
- A doctor can also use electrical stimulation to help you identify the pelvic floor muscles. During this process, a small electrical current adheres to the pelvic floor muscles. When activated, the current automatically contracts the muscle. After some use, you’ll most likely be able to reproduce the effect on your own.

10.

Perform kegel exercises regularly, about 3 or 4 times a day.

11.

Expect results in a few months if you do kegels regularly. For some women, the results are dramatic; for others kegels prevent further urinary tract problems.

You can practice more complex Kegels after mastering the basics. Tighten up and down the vaginal barrel progressively.

Tips
- You can perform slow and quick kegel exercises any time and no one will be aware of what you are doing. Some women find it easy to incorporate them into their routine while driving, reading, watching TV, talking on the phone or sitting at a computer.
- Try not to hold your breath, squeeze your buttocks or thighs, pull your tummy in tightly, or push down instead of squeezing and lifting.
- As you become more confident with these exercises, you will find that you will be able to do them standing up. The important thing is to keep practicing throughout the day and you can do them while you’re washing the dishes, waiting in a queue, or even sitting at your desk in the office, during television show commercials, or when you are stopped at a stoplight while driving.
- Pregnant women can perform kegel exercises.
- Imagine your lungs are in pelvis and relax perineum on inhale and draw up on exhale.
- Try to eat healthier foods too.

Warnings
- Always do kegels with an empty bladder. Doing kegels with a full bladder can weaken your pelvic floor and increases your risk of contracting a urinary tract infection.
- Don’t do Kegels while using the bathroom, except to locate the muscles initially. Interrupting urine flow can result in urinary tract infections.
How the KegelMaster Eliminates Incontinence

**BEFORE**
- detrusor muscle
- urge
- weak urethral sphincter
- urine
- urethra

**AFTER**
- decrease in sporadic urgency
- increased ability to hold urine
- strong urethral sphincter

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**Lie on the back with setting the legs apart as the width of shoulder.**
- Relax the lower abdomen and the hips and contract the pelvic muscle for 5 sec.

**Lie on the back with bending the knees.**
- Lift up the hips slowly with taking in breath and contract the pelvic muscle for 5 sec.
- Subsequently weaken the power with letting the shoulder, the back, and the hips in order down on the floor.

**Put the hands on the knees,**
- Round the back with taking in breath and contract the pelvic muscle for 5 sec.
- Subsequently return to the original state with exhaling out breath.

**Sit and turn the tiptoes upward,**
- Stretch the tiptoes straightly with contracting the pelvic muscle for 5 sec.

**Sit cross-legged and contract the pelvic, the anus and the vagina slowly,**
- Stand with the elbows close together and balance the body using a chair or a desk.
- Exercise with lifting up the heels.
Growth and development

Most urinary incontinence fades away naturally. Here are examples of what can happen over time:

- Bladder capacity increases.
- Natural body alarms become activated.
- An overactive bladder settles down.
- Production of ADH becomes normal.
The child learns to respond to the body's signal that it is time to void.

Stressful events or periods pass.

Many children overcome incontinence naturally (without treatment) as they grow older. The number of cases of incontinence goes down by 15 percent for each year after the age of 5.

**Medications (are a last chance option)**

Nighttime incontinence may be treated by increasing ADH levels. The hormone can be boosted by a synthetic version known as desmopressin, or DDAVP, which recently became available in pill form. Patients can also spray a mist containing desmopressin into their nostrils. Desmopressin is approved for use by children.

Another medication, called imipramine, is also used to treat sleep wetting. It acts on both the brain and the urinary bladder. Unfortunately, total dryness with either of the medications available is achieved in only about 20 percent of patients.

If a young person experiences incontinence resulting from an overactive bladder, a doctor might prescribe a medicine that helps to calm the bladder muscle, such as oxybutynin. This medicine controls muscle spasms and belongs to a class of medications called anticholinergics.

**Bladder training and related strategies**

Bladder training consists of exercises for strengthening and coordinating muscles of the bladder and urethra, and may help the control of urination. These techniques teach the child to anticipate the need to urinate and prevent urination when away from a toilet. Techniques that may help nighttime incontinence include:

- Determining bladder capacity
- Stretching the bladder (delaying urinating)
- Drinking less fluid before sleeping
- Developing routines for waking up

Unfortunately, none of the above has demonstrated proven success.

Techniques that may help daytime incontinence include:

- Urinating on a schedule, such as every 2 hours (this is called timed voiding)
- Avoiding caffeine or other foods or drinks that may contribute to a child's incontinence
- Following suggestions for healthy urination, such as relaxing muscles and taking your time

**Moisture alarms**

At night, moisture alarms, also known as bedwetting alarms, can awaken a person when he or she begins to urinate. These devices include a water-sensitive sensor that is clipped on the pajamas, a wire connecting to a
battery-driven control, and an alarm that sounds when moisture is first detected. For the alarm to be effective, the child must awaken or be awakened as soon as the alarm goes off. This may require having another person sleep in the same room to awaken the bed wetter.\[6\]

Self-help Biofeedback Movies from Desire’

http://indavideo.hu/video/Enuresis_therapy_Super_Binaural

http://indavideo.hu/video/Biofeedback_for_Enuresis

Health Insurance
CPT CODE 97112
Neuro-Muscular Re-education
Dr. Desire's Book on CPTcode advice for Biofeedback Therapists

You Can get Paid if you Persevere

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References

1. Enuresis at the US National Library of Medicine Medical Subject Headings (MeSH)