

**Reed et al. Chiropractic Management of Primary Nocturnal Enuresis.
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Objective: To evaluate chiropractic management of primary nocturnal enuresis in children.

Design: A controlled clinical trial for 10 wk preceded by and followed by a 2-wk non-treatment period.

Setting: Chiropractic clinic of the Palmer Institute of Graduate Studies and Research.

Participants: Forty-six nocturnal enuretic children (31 treatment and 15 control group), from a group of 57 children initially included in the study, participated in the trial.

Intervention: High velocity, short lever adjustments of the spine consistent with the Palmer Package Techniques; or a sham adjustment using an Activator at a non-tension setting administered to the examiner's underlying contact point. Two 5th-year chiropractic students under the supervision of two clinic faculty performed and adjustments.

Main Outcome Measures: Frequency of wet nights.

Results: The post-treatment mean wet night frequency of 7.6 nights/2 wk for the treatment group was significantly less than its baseline mean wet night frequency of 9.1 nights/2 wk ($p = 0.05$). For the control group, there was practically no change (12.1 to 12.2 nights/2 wk) in the mean wet night frequency from the baseline to the post-treatment. The mean pre- to post-treatment change in the wet night frequency for the treatment group compared with the control group did not reach statistical significance ($p = 0.067$). Twenty-five percent of the treatment-group children had 50% or more reduction in the wet night frequency from baseline to post-treatment while none among the control group had such reduction.

Conclusion: Results of the present study strongly suggest the effectiveness of chiropractic treatment for primary nocturnal enuresis. A larger study of longer duration with a 6-month follow-up is therefore warranted.