



# Kids Our Family Newsletter

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Our goal is to inspire you, to provide you with the latest health care options available, make you smile, and help you to help us fulfill our mission – *to reach as many parents and children as we can!*

I have to say that I am glad the topic of ADHD I covered in the last two issues of this newsletter is finished. And that is not to say I didn't enjoy writing all about it for you, but, any way you slice and dice it, it is a very controversial and contentious issue – and it will not go away. Many people have strong opinions on this subject – and I can't blame them. It deals with our children. And most parents are caught in the middle, it seems.

Somewhere in nowhere land which lies east of government propaganda, and west of drugging your children – the standard medical treatment. You are in the middle. And I have to add that it is not a comfortable place to be but I found that using common sense is often the best guide in most cases. But beware - sometimes, common sense is not that common!

I've spent a great deal of time dealing with children in the past few issues of this newsletter, so I am going to change my direction for this issue. Let's discuss a problem that an incredible number of all women seem to have on their everyday plate: **Urinary Incontinence & Overactive Bladder Disease.**

Look at the following as an owner's guide to urinary incontinence. But, I have to warn you - there is much controversy surrounding this issue - what a surprise that is! I'll bet you are totally shocked! And, of course, there are many differing opinions many women find so incredibly confusing. Millions of women experience this involuntary loss of urine called urinary incontinence (UI). Some women may lose a few drops of urine while running or coughing,

etc. Others may feel a strong, sudden urge to urinate just before losing a large amount of urine. Many experience both symptoms. UI can be slightly bothersome or totally debilitating.

For some women, the risk of public embarrassment keeps them from enjoying many activities with their family and friends. It is estimated that **66%** of all women are affected with this problem but few actually seek any help.

Did you catch that statistic? 66%! I want you to realize that this is common! We are not dealing with some rare and bizarre problem! What bothers me is that most women simply put up with it and suffer in silence and embarrassment. And to say it is embarrassing does not even come close to how it makes one feel. I am certain you would agree!

What is **Urinary Incontinence (UI)** exactly?

In essence, it is a sudden leaking of the bladder when you least want it to. It occurs totally without your permission! In other words, you have no say in it. Your bladder, it seems, decides – all by itself, without asking you first - that it will leak urine. It just takes over your life, it seems!

Here is what I often hear:

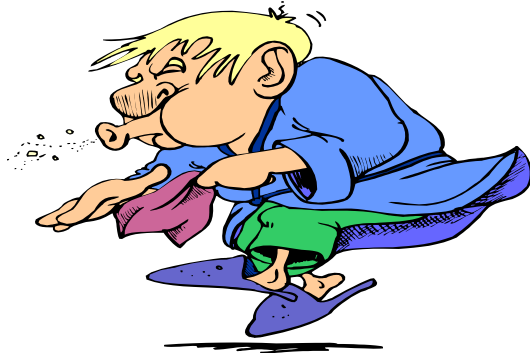
"I was laughing so hard, I wet my pants."



"I tried jogging and I saturated myself."

"I only lifted a few groceries and I leaked."

"I was helping my son." "I sneezed."  
"I coughed." "I blew my nose."



And it is not just women who are affected. Men also suffer Urinary Incontinence (UI) but in much, much, lesser numbers. Episodes of incontinence are usually followed by profound embarrassment, anger, even isolation and withdrawal. Women all over the world are often afraid to laugh, run, jump, sneeze, cough – anything that may bring on any sudden leakage and profound embarrassment.

Many are told that the culprit is most often any **stress** on their bladder which affects normal bladder muscle control - and most often that it comes with age and is totally out of their control.

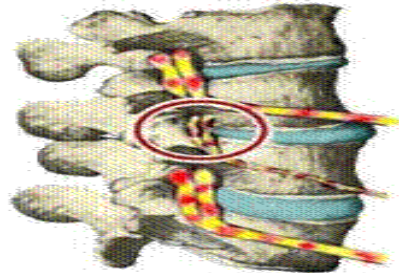
While I'm on this topic, allow me to say a word on the use of "Depends" or "Attends." Instead of dealing with the reason why the bladder is not functioning properly, it's much more profitable to put adults in diapers. Marketing claims that it's socially acceptable to go shopping and "do your business" in public because you are now wearing diapers.

The simple problem of bladder incontinence affecting millions of people has even been transformed into a "disease" so that a diagnosis can now be made and a drug can now be prescribed. Yes, this is now called "Overactive Bladder Disease." Listen up. How bizarre is that concept? Your bladder decided to dribble all by itself? Without your permission? And, oh, just because you hit a certain age! Who is in charge anyway?

Ponder this...what actually controls the valves (sphincters) which control the flow of urine from the bladder? One sphincter is under voluntary control, which means you go when you want to. The other is on "autopilot"

– meaning it is controlled by the autonomic nervous system, the part of your nervous system which controls all internal functions that you have no conscious control over. So you do not have conscious control of this sphincter! The function of these two valves is controlled by the nerve system, which keeps both in check.

Chronic, unresolved stress and/or a vertebral subluxation will most often be at the cause of UI cases. A **subluxation** is a "misalignment of some of the segments of the spine affecting the way the nervous system controls and reacts to the world inside and out of the body".



*(Reduced nerve opening due to subluxation = pinched nerve affecting bladder control)*

You need to understand that the body is a self-healing and self-regulating organism. In other words, it is designed to heal itself and regulate its own internal functions - like knowing how full the bladder is and when you should go to the bathroom and how to control those muscles so you don't wet your pants -your "auto pilot". You have your very own "internal Internet" that allows your body to run things smoothly. This organic communication network is your nervous system. It controls your entire body and every function within it. As long as there is no interference or "short circuit" to its function, you should have the best health possible.

Due to injuries and traumas to the lower spine - slips and falls onto the backside, like on snow or ice (how many of you have already experienced this one this year? Don't deny it!), sports injuries, sitting cross-legged or with poor sleep posture to name a few - subluxations commonly occur.

Since there are many **momms and dadd**s out there, I need to inform you of other potential cause of stress to the lower spine and the nerves exiting from it: placing kids in jolly jumpers before their spines are ready to hold themselves up against gravity, tightly fitted diapers which restrict normal hip movement and falls onto the spinal base/buttocks while learning to crawl and walk. Many parents have told me, "It's okay, they got

back up – they're fine" or "they didn't cry for that long". Well, the young spine is not designed to perceive pain until well into mid to late adolescent years and the average child takes 3,000 falls by age 3, so I beg to differ. Another common source of nerve stress is "**In-Uterine Constraint**".

This situation occurs during pregnancy where a baby is trapped in a certain position in the Uterus and is unable to free itself. This generally happens in the last trimester of pregnancy and many times the cause of Subluxations. For instance; if the baby is in a transverse lie – a horizontal position across the uterus – it may be born with a c-curve scoliotic configuration.

Another commonly found structural malfunction found in patients, especially kids, in my office is the **Pelvic Distortion Subluxation Complex (PDSC)**. This entity affects almost 95% of all children and its effects are widespread. This is an incredibly huge problem! These children will have a fixation subluxation (reduced motion and nerve stress) of the left or right pelvic bone and a corresponding hypermobility (increased motion) on the other side. The muscles on the outside of the hip will be tight on the side of hypermobility – usually in a chronic state of spasm. This is a protective mechanism in order to limit the movement of the pelvis. At the same time though, this will cause a subluxation of the lower legs' bony joints and a reflex spasm of the muscles of the anterior side of the lower leg which will throw off the way one walks or turn the feet inward. The ligament inside the ankle will also be tight and will be very painful on light touch. So you see...the hip bone is connected to the knee bone.

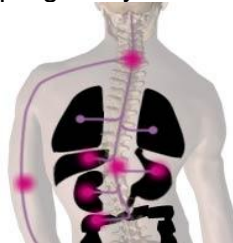
'Why is this significant?' and 'how does it tie into the bladder?' you ask. Hold onto your pants for this one!

You are seeing the results of the PDSC – a series of cascade events which will slowly erode the health expression and movement, including the ability of the nerves to control vital body functions, of your cute little munchkin – my mission is to wipe out this erroneous programming.

The children that are affected with this entity will often complain of leg pains - growing pains come to mind - restless leg syndrome, hip pains, foot pains, scoliosis, as well as a number of internal problems. These usually take the form of IBS, Colitis, digestive

difficulties, breathing problems, elimination problems, hormonal challenges as they mature and **bed wetting (nocturnal enuresis)**!

PDSC is not a nice thing to have! This entity will affect other parts of the spine and create a cascade effect in these areas as well. Later in life, the PDSC manifests itself as back pain, sciatica, leg and foot pain as well as in problems with digestive, reproductive, prostate organs or pregnancy and infertility issues.



**Chiropractic care** is absolutely essential for everyone, especially in cases where the child suffers from bed wetting or the person has begun to lose voluntary control of bladder muscles.

How do you determine if nerve stress due to subluxation is affecting the bladder?

Simple, high-tech, non-invasive technology like thermography and surface electromyography (sEMG), as I do for my patients, show how the nervous system is controlling one's internal functions according to spinal health. It pinpoints areas of subluxation-related stress in the nerve system that controls organ and muscle function, like the bladder. How amazing! But only a chiropractor trained in thermography and sEMG use and interpretation, like myself, is best capable of best addressing the cause of and taking corrective steps to influence better nerve-muscle control, as in the bladder.

I have also found that, as an **adjunct** to chiropractic care, the following will be very helpful in dealing with UI: **kegel exercises** -done in 3 sets of 10 contractions daily (10 seconds and then rest for 10 seconds) where you contract muscles of the pelvic floor similar to "stopping the flow of urine when you urinate". These are best done after you've recently evacuated your bladder. To strengthen the bladder related to bed wetting, give your child **herbal teas** of bearberry, wormwood, oak bark or horsetail. Steep one teaspoon of herbs for an hour in one cup boiling water. Drink 2-3 cups daily for 2 weeks (the last cup in late afternoon). If due to emotional problems, try some calming teas made with one teaspoon valerian, St John's wort or chamomile in one cup boiling water.

**Please, if you have any questions, or would like any information on any health topic, it would be my pleasure to help you! Talk with you next month (Topics: Fever & Earaches).**