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Bed-Wetting (nocturnal enuresis)

Bed-wetting affects as many as one in 10 six-year-olds. While the situation can resolve itself with time, living with the situation can be stressful for both parents and their children. Conventional solutions revolve around containing the problem, rather than looking to address the root cause. You may have tried drugs like Desmopressin to inhibit urine-production, or a moisture-activated alarm system.

Bed-wetting can be quite stressful for children and parents especially if the problem persists to an age when the child is attending school camps or gets invited for sleepovers.

But here's the good news: the answer may be right under your nose, or in this case your child's nose. Research by Derek Mahoney, a paediatrician at the Prince of Wales Hospital in Sydney, found that 80% of children presenting with bed-wetting at the Hospital were found to have dysfunctional breathing. His research was reported in New Scientist in August 2003. [i]

Dr Mahoney's research showed that all these children had pronounced narrowing of the palate and believes this contributes to their breathing problems. Dr Mahoney has achieved dramatic results by fitting a brace to help widen the palate. A Swedish study found that 7 out of 10 bed-wetting children improved within a month of using a similar device and a UK-based study found that all the children who used a brace stopped wetting the bed.

And breathing problems often have more serious consequences than bed-wetting, such as enlarged adenoids/tonsils, glue ear, respiratory infections, asthma, allergies and chronic cough. Problems at school, learning difficulties, behavioural problems hyperactivity and headaches are also linked to dysfunctional breathing.

A dental brace may not be necessary – the first thing you need to address is the mouth breathing habit that causes the narrow palate in the first place. Nasal breathing and correct tongue posture is the key to resolving bed-wetting in children and, in most cases, this can be achieved without the need for dental appliances. The tongue functions as a natural brace when nasal breathing is restored. We teach children simple easy-to-learn breathing exercises that are practised daily for 4-6 weeks. In the majority of cases, bed-wetting stops within a few sessions. The programme helps

restore a natural breathing pattern and correct nasal breathing habits. Improvement usually occurs within a few days. By the end of the course, most children are breathing easy and can put their bed-wetting days behind them.

Other breathing-related conditions including swollen adenoids, glue ear and disturbed sleep also can resolve as breathing returns to normal parameters.

Children who mouth-breathe are more prone to enlarged adenoids/tonsils, glue ear, respiratory infections, asthma, allergies and chronic cough. These children are also more likely to suffer from night-time enuresis (bed-wetting) If this habit is not corrected this can lead to crooked teeth, receding chin, protruding nose, narrow airway and a high risk of developing obstructive sleep apnoea, respiratory disorders and cardiovascular risk as adults.

The programme is also effective for asthma, allergies, hay fever, swollen adenoids, glue ear, chronic cough, respiratory infections, and a many other breathing-related disorders. We run special courses tailored for children and teens. Phone us at the Buteyko Breathing Clinics on 09-360 6291 to arrange a breathing assessment for your child, or for more information about our programme.

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[i] Bed-wetters could breathe easier New Scientist July 2003
http://www.newscientist.com/article/dn4001-bedwetters-could-breathe-easier.html#.VFaesRa0Q3A