

## Chiropractic Vertebral Subluxation and Enuresis

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### Case History

C.A. is a 7-year-old boy with a history of bedwetting. The patient's medical history is unremarkable for significant childhood trauma or history of domestic disturbances and emotional conflicts are not reported. He goes to bed nightly in disposable toilet-training pants. His mother brought him in for a spinal examination reporting "he keeps saying his back hurts."

On physical examination he is a well-developed, well-nourished adolescent, alert and in no apparent distress, with the exception of being unable to sit without squirming. He can forward flex fully, and his extension at end-range demonstrates some increase in unilateral pain on digital overpressure. Motor examination of the lower extremities is unremarkable; the sensory examination is also unremarkable to vibratory sense and light touch; the distal vascular exam is normal, and a normal gait is observed.

Chiropractic assessment yields joint fixation of the L2-L3 vertebrae, pain-free, with hypermobility of the lower thoracic joints. Asymmetry in the position of the posterior superior iliac spines is noted. Hypertrophy of the right lumbar paraspinals is present. No radiographic weightbearing imaging studies are performed to evaluate his spine.

### Discussion

The lumbar vertebrae lie of course in the small of the back and total five in number. They are large, kidney-shaped, and bear the weight of the body along with the lower extremities. They are wide laterally and thicker anterior, nearly 5 cm. in width. The ribs are completely incorporated into the transverse process, which allows no costal facets on the body and no foramina transversaria. The arterial supply to the first four lumbar vertebra come from pairs of segmental arteries arising from the posterior and lateral aspect of the aortic wall at every level. Each segmental artery or lumbar artery gives off two sets of branches before entering the sacral foramen. Just proximal to the foramen, the lumbar arteries divide into three terminal arteries, the anterior branch of which supplies the nerve. The periosteum and bone of the lumbar vertebra are supplied by a multitude of small branches originating from the autonomic nervous system, paravertebral plexuses, and overlying muscles. There are encapsulated and free nerve endings. The anterior longitudinal ligament is innervated by nerve fibers from the sympathetic nervous system.

From the kidney, the urine is propelled by peristaltic action along a 25cm. muscular ureter into the urinary bladder. The bladder leads to the urethra and to the exterior of the body. While cutting the dorsal nerve routes of T12, L1, and L2 may relieve renal pain, a denervated kidney continues to excrete normal urine. The bladder and urethra receive both parasympathetic and sympathetic nerves. The parasympathetic pelvic splanchnic nerves (S2, 3,4) are the motor nerves to the bladder; when they are stimulated the bladder empties. They are also the sensory nerves to the bladder. The sympathetic superior hypogastric plexus (lower thoracic and lumbar 1,2,3) is motor to the ureteric musculature.

D.D. Palmer emphasized the chiropractic philosophy of "homeostasis" based upon the pathophysical correlation between the nervous system function and the healthy state of the body; between aberrant nerve impulses and organ malfunction. Mechanical or chemical inducements create alteration in function of the nervous energy. If the integrity is interrupted, homeostasis is disrupted. Homeostasis, simply put, is a tendency toward stability in the normal physiological states of the organisms. It is most likely that trauma, ischemia, anoxia, or nerve compression with an edematous process lead to vertebral subluxation that blocks energy flow. Adjustive therapy is required to liberate energy and replenishment of tissue fluid. Interruption of the nerve flow halts its transport, and may compromise the excitability threshold of the neurons that can promote aberrant muscle tone.

### Clinical Features

The patient was treated for vertebral subluxation involving his lower thoracic, lumbar and sacral segments for a total of nine visits over a five-week period. During this time his enuresis hadn't lessened, until one day I looked down at my desktop and eyed a telephone message from my receptionist that was from the patient's mother. It said, "C's Pull-Ups are dry!" To date, his mother also reports that the patient is now able to arise three hours after retiring to empty his bladder, and has been "accident-free," and no longer complains of "back pain." His entire family now receives subluxation correction of vertebral lesions of the spine.

I always knew that I had struck upon something on which the deliverance of perishing humanity depended. A deep, inner, spiritual conviction that this simple remedy was a divine gift we chiropractors possessed struck to the core of my being. Each chiropractic experience I share with my patients creates memorable turning points and an abiding "soul-rapture"; each practice day brings fresh surprises, new revelations, and more amazing proofs. To share this with the world has become my highest aspiration.

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