

# Enuresis (Bedwetting)

As if the child with learning and behavior problems doesn't have enough to deal with, bedwetting (*nocturnal enuresis*) and daytime wetting (*diurnal enuresis*) may be another part of their daily struggle. ADHD children at age 6 are **2.7 times more likely** than controls to have nocturnal enuresis and **4.5 times more likely** to have diurnal enuresis.<sup>1</sup> It has been known since at least 1976 that an improvement in diet can cure enuresis in many children.<sup>2</sup> In 1992, Egger et al reported on 21 children with enuresis who had been successfully treated by diet for either hyperactive behavior or migraines. For 12 of them, the enuresis stopped, and for another 4 it improved. They confirmed this by a double blind follow-up study.<sup>3</sup>

Although the Feingold Program has never been promoted as a bedwetting "cure," over the years parents have frequently reported that one of the benefits they have seen with the Feingold Program is the disappearance of bedwetting.

## Seizures, Headaches, other Physical Problems

Other symptoms also often improve on the Feingold Program. When implementing the diet for behavior problems, parents are more often than not surprised that the child's (or their own) headaches, sleep difficulties, GI problems, skin problems, etc. are suddenly gone, as well.

There are many symptoms that "travel with" the symptoms of ADHD but are often either treated as separate illnesses or ignored altogether. Besides the asthma and bed-wetting already discussed, some people suffer from chronic headaches or migraine, frequent earaches, stomach aches, trouble sleeping, chronic dehydration, dry or "allergic" skin conditions, seizures, etc. Not all people have all these symptoms, of course, but all the people who respond to dietary intervention "fit" somewhere in the profile of symptoms on page 1, represented here by three interlocking circles. It is astonishing how many parents report that their children have "all" the symptoms listed – and yet by simply changing their diet, all or most of their problems improve or disappear.

In research, this has been shown repeatedly by studies on migraine, seizures and enuresis. Egger found that in 45 children with epilepsy as well as various physical or behavioral problems listed in "our" symptoms list, 80% of them improved on his elimination diet. However, of the 18 children with epilepsy alone and no other symptoms, none improved.<sup>4</sup>

In other studies,<sup>5</sup> Egger found that 93% of 88 children with frequent migraine, and 81.6% of 76 overactive children, recovered on an additive-free diet. Again, other symptoms these children had, and which also improved, included abdominal pain, behavior disorder, seizures, asthma, and eczema.

Ward,<sup>6</sup> a British chemist, found that ADHD children (but not normal children) lost zinc in response to exposure to Yellow #5 and #6. They exhibited a variety of symptoms including asthma, speech problems, behavioral deterioration, eczema, and aggression. And in 1998, Oades found that children with ADHD drank four times as much water as "normal" children, yet tended to remain dehydrated, had twice the normal level of neuropeptide Y, and excreted more norepinephrine and a serotonin metabolite, but less sodium, phosphate and calcium than normal children.<sup>7</sup>

Could these findings indicate a genetic difference? Possibly. Or could it indicate damage to the sulfation system by vaccination or other chemical exposure, as suggested in a Congressional Committee hearing?<sup>8</sup> Also possible. Or perhaps the implicated additives are akin to drugs and what we see as symptoms are actually "side effects?" Again possible. What is clear to us, at least, is that the difference in these children is at a level basic to many bodily functions. Treating it at the specific receptor level, as is done with stimulant medication, may ameliorate some symptoms, but is never a cure. A better choice, often with better results and no side effects, is appropriate dietary change. Certainly, diet is worth trying first – and worth continuing even if some medications must be added in individual cases for maximum relief.



1. Robson 1997
2. Salzman 1976
3. Egger 1992
4. Egger 1989
5. Egger 1983, 1985
6. Ward 1990, 1997
7. Oades 1998
8. Megson 2000: [www.diet-studies.com/megson.html](http://www.diet-studies.com/megson.html)