International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 08, 2020
ISSN: 1475-7192

The Use of Massage With Olive Oil To Reduce Nocturnal Enuresis In Preschool Children

[1]SRI LESTARININGSIH, [2]YOGA TRIWIJAYANTI

Abstract—*The research aims to determine the use of massage with olive oil to reduce nocturnal enuresis in preschool children. The research method used the pretest and post-test group design of the pre-experimental research, involved a total of 30 respondents, with 30 respondents for each treatment group. Data collection uses a checklist. This analysis uses a statistical T-Test Dependent (Paired T-Test). the final results of the study show the frequency distribution of children who experienced mild enuresis were 12 respondents (40%), children who experienced moderate enuresis were 2 respondents (6.7%), and children who experienced severe enuresis were 16 respondents (53.3%). after being given a massage using olive oil, there was a decrease in the number of children experiencing nocturnal enuresis with the results of 19 respondents (63.3%) of children without enuresis, children with mild enuresis being 9 respondents (30%), children with moderate enuresis were only 2 respondents (6.7%), and no children with severe enuresis were found. Statistical test results obtained P-value 0,000, which means there is an influence of the use of massage with olive oil with a decrease in enuresis in preschool children.*

Index Terms— *Massage, Olive Oil, nocturnal enuresis*

I. INTRODUCTION

According to the Child Development Institute Toilet Training in an American Psychiatric Association study, it was reported that 10-20% of children aged 5 years are still wet. Urinary incontinence can be defined simply as an accidental loss of bladder control or urination in children (Irwin, 2019), who are thought to have reached a developmental level and are able to control urine output. Epidemiological research abroad shows that at the age of 3-5 years 80% of children can fully control their bladder, while another 20% experience enuresis. Four years old children should be able to go to the toilet by themselves, be able to control urination, and no longer wet the bed day or night. Bedwetting more than once a week in school-age children is considered abnormal. In a simple, child who wet the bed divided into 2 groups, namely enuresis and urinary incontinence (Tambunan, 2016).

Enuresis is a form of developmental disorder of the child that must be considered. Enuresis is urinary incontinence where children at the age of 3-5 years cannot do urination in the toilet, causing urine to go out of place or is often called bedwetting. Enuresis, as well as invalidation conditions during the day, are considered significant if they occur more than once per month, data frequency is at least three times per 3 months (Haid and Tekgül, 2017). In children aged over 3 years, the brain and bladder muscles should be perfect so that they can control and help children estimate when urinating and defecating. Enuresis can be a source of shame for children and a source of frustration for parents. In children, enuresis can affect life such as the emergence of a feeling of lack of confidence, damaging relationships, which all affect the child's social development. Enuresis causes children to be more anxious and

[1] Metro Midwifery study program, Politeknik Kesehatan Tanjungkarang, 35145 Lampung, Indonesia
[2] Metro Midwifery study program, Politeknik Kesehatan Tanjungkarang, 35145 Lampung, Indonesia

Received: 27 Feb 2019 | Revised: 20 Mar 2019 | Accepted: 30 Apr 2020

depressed, have problems with the mind, with attention, naughty, and aggressive behavior. Signs of internalization and externalization, are more withdrawn and have worse self-esteem, compared to children who do not experience nocturnal enuresis. In many cases these conditions seriously disrupt the normal activities of children and affect their normal psychological development and, in turn, often also cause significant anxiety for families (Yeung, 2003).

Monosymptomatic enuresis is enuresis in children without other urinary tract symptoms and without a history of bladder dysfunction. Nocturnal enuresis (NE) is an accidental loss of urine at night, without the physical disease, after 5 years of age. Nocturnal enuresis occurs when urine does not voluntarily return after at least 6 months of nighttime dryness (Walker, 2019). Although nocturnal enuresis is benign pathological and has a high rate of spontaneous remission, it is a socially disturbing and stressful condition that affects about 15% to 20% of children aged 5 years (Sharifi *et al*., 2017). The incidence of bedwetting is greater than the percentage of boys at 60% and girls at 40%. The overall prevalence of NE was 5.9% of all children surveyed (7.5% of boys and 4.1% of girls). The prevalence of NE occurring more than once a week was 3.7% of all children (5.2% of boys and 2.2% of girls), while that occur- ring every night was 0.9% (1.2% of boys and 0.5% of girls) (Kajiwara *et al*., 2006)

Predisposing factors that cause enuresis are heredity, the volume of urine produced, psychological disorders (such as stress), feeling treated unfairly, inattentive, late maturity of the brain to control urination, and usually those including who sleep very soundly. Genetic factors also take a place, and it has been reported that enuresis is a familial disorder. More than 40% of parents and siblings of the enuretic child will have enuresis. When both parents are enuretic, then a 75% chance the child will get wet (Ashraf-Ul-Huq, 2012). Bedwetting can occur any time in his sleep and lack disruption of the production of antidiuretic hormone (anti-urinary hormone) at night so that at night excessive urine production. The cause of enuresis is not yet fully known, because it has a multifactorial cause. Most studies have consistently found that the risk factors for enuresis are male sex, smaller age, family history, and divorced parents.

The overall prevalence of nocturnal enuresis in different age groups varies greatly in various countries, ranging from 2.3% to 25%. Enuresis is often diagnosed among school children and is an important psychosocial problem for parents and children. The relationship between enuresis and behavioral impact has been studied for decades. The results of enuretic children who have emotional, social or behavioral problems with a 4.3-fold increase in psychological difficulties compared to their peers who do not experience nocturnal enuretic (Gunes *et al.*, 2009).

Enuresis requires serious treatment. Factors that determine the success of treatment are child motivation and family compliance. It is very important to ensure that the child wants to be dry before starting any treatment (Deshpande and Caldwell, 2012; Maizam et al., 2014). Enuresis can be overcome with pharmacological and non-pharmacological therapy. Pharmacological therapy includes giving medicines for enuresis using oxybutynin, imipramine, and desmopressin, while non-pharmacological therapy in enuresis can be done in various ways, namely to provide support and motivation, using alarm systems and acupressure therapy (Kyle, 2014). Management of nocturnal enuresis requires serious treatment. Various treatments are used to treat nocturnal enuresis, namely pharmacological, psychological/behavioral interventions, and conventional interventions. Specific interventions to treat nocturnal enuresis include surgery, fluid deficiency, and complementary therapy. (Sharifi *et al.*, 2017).

In Chinese, Korean, and Japanese acupuncture used as the main therapy medicine, although it is poorly understood in Western medicine. Systematic reviews identify reporting problems that limit the evaluation of the quality aspects of the studies reported, but many studies conclude that there is evidence of the positive effects of acupuncture on nocturnal enuresis (Bower and Diao, 2010). The findings of this study showed that the topical use of chamomile oil can decrease the nocturia episodes in the first, second, and third 2 weeks compared with the placebo. Therefore, it can be considered as a potential complementary option in the

treatment of monosymptomatic enuresis in children (Sharifi *et al.*, 2017).

Based on the results of the survey in the working area of the Tejo Agung Health Center, toddlers who have enuresis there are 32% of 100 children aged 3-6 years. Social and psychological impacts caused by enuresis really disrupt a child's life, so safe therapy is needed to overcome them, one of which is complementary therapy such as massage. Traditional Health Services is a treatment or therapy using methods and medication that is based on the experience and skills of our ancestors that can be accounted for and is in accordance with the norms prevailing in the community. One example is acupressure, which is a healing method that uses pressure on certain points of the body or acupuncture points (Rini and Achadi, 2019).

Based on the explanations above, so the purpose of this study was to determine the use of massage with olive oil to reduce nocturnal enuresis in preschool children at Metro PAUD Metro City Center. The purpose of this study was to determine the use of massage with olive oil to reduce nocturnal enuresis in preschool children in Early Childhood Education at Metro Pusat Kota Metro.

II. RELATED WORK

Olive oil is the main source of fat from the Mediterranean diet which has been proven effective against diseases related to oxidative stress and also with aging (Calabriso *et al.*, 2014). Besides being rich in monounsaturated fatty acids and oleic acid, olive oil contains small components with antioxidant properties (Gorzynik-Debicka *et al.*, 2018). Scientists and medical science researchers say, "There are many advantages to Olive oil compared to other oils in their properties for human health". Because it is easily digested, it contains a number of important vitamins for the human body such as vitamin D, improves thinking power and intelligence. It also contains substances that are rich in nutrition, delicious, and fragrant so that it invites appetite. Olive oil is very rich in vitamin E which fertilizes and strengthens the reproductive organs and provides sexual power for the elderly (Piroddi *et al.*, 2016).

Acupressure is one of the popular and trusted complementary therapies for improving psychological health and general health (Hmwe *et al.*, 2015). Acupressure with essential oils not only reduces patients who feel safe to provide safety services and improves functional functioning but also significantly improves sleep quality (Tang *et al.*, 2014). Thus, children can be helped enough to sleep without being disturbed by enuresis. According to Ashraf-Ul-Huq (2012), enuresis can be defined as incontinence and the inability to control urine storage and expenditure socially after the age at which bladder control must be established. One type of enuresis that is quite disturbing for children is nocturnal enuresis. Individuals with nocturnal enuresis only cancel at night in bed at night. It is estimated that as many as 9-10% of children at school age meet the nenatal-only enuresis criteria, the dominant number being boys. This is the most common type of enuresis (Donaldson, 2016).

According to Glazener et al. (2006) and Axelrod et al. (2014), a urine alarm is the best way to treat enuresis. Urine alarms work by using a moisture-sensitive switching system, when closed by contact with urine, completes a small voltage electrical circuit and activates a stimulus, such as a bell, which is strong enough to cause a child to wake up (Brown et al., 2011). However, alarms only change the child's sleeping and urinating habits. Thus, it cannot really cure enuresis. So, the authors use a method that can eliminate enuresis through acupressure massage using olive oil.

Most of the children are afraid to use medication with a needle or laser. Acupressure has been proven effective in treating nocturnal enuresis. A more recent randomized trial (RCT) from Turkey compares the efficacy of acupressure versus oxybutynin. Acupressure is taught to parents to apply to children at home. The points chosen are GV4, GV15, GV20, BL23, BL28, BL32, HT7, HT9, ST36, SP4, SP6, SP12, CV2, CV3, CV6, K6, KI3, and KI5. The results showed that noninvasive acupressure was more effective than drugs for treating nocturnal enuresis. Painless acupressure, and cost-effective. (Loo *et al.*, 2009)

III. RESEARCH METHODOLOGY

This study uses a one-group pretest-posttest design from a pre-experimental research design. The sample of this study was preschool children who experienced enuresis. Sampling using Quota Sampling with a total of 30 respondents. Data collection using a questionnaire through the process of interviews and observations. Univariate analysis using the mean (average) and bivariate analysis using the non-parametric statistical test Wilcoxon Signed-Rank Test to determine whether there is an influence of the use of massage with olive oil to reduce enuresis in preschoolers in Early Childhood Education in Metro City Metro Center.

IV. RESULTS AND DISCUSSION

The results of this study are in line with research conducted by a study in Italy and a Russian report shows that acupuncture treatment is effective in suppressing unstable bladder contractions and decreasing (Loo *et al.*, 2009). Literature throughout the world supports acupuncture as a valid treatment for children with enuresis. Clinical trials have found acupuncture to be successful in reducing the occurrence of enuresis during treatment and providing long-term effects that persist after treatment. Acupressure is also called acupuncture without needles, or acupuncture massage. The theory of acupuncture forms the basis of acupressure practice. Acupuncture uses needles as a practical aid, while acupressure uses fingers, hands, other body parts or blunt instruments instead of needles. the results of the analysis using the Dependent T-Test (P-Paired Test) obtained a *p-value* of 0,000 ≤ (0.05) which means there is an influence of using massage with olive oil to reduce nocturnal enuresis in preschool children can be seen in Table 1.

TABLE 1

EFFECT OF MASSAGE WITH OLIVE OIL

Variable		ean	.D.	*-value*
Massage with Olive Oil	0	.700	,750	,000

The benefits of acupressure are to prevent the entry of the source of the disease and maintain the condition of the body, healing the disease, rehabilitation, and promotive. Healthy humans have relatively balanced Yin and Yang elements. If one is dominant then health is disturbed or unhealthy. Acupuncture massage known as acupressure aims to balance Yin and Yang. The benefits of acupressure are to prevent the entry of the source of the disease and maintain the condition of the body, healing the disease, rehabilitation, and promotive. Healthy humans have relatively balanced Yin and Yang elements. If one is dominant then health is disturbed or unhealthy. Acupuncture massage known as acupressure aims to balance Yin and Yang. Acupuncture can affect the urinary center in the spine and parasympathetic innervation to the urinary tract and can modulate brain function through a decreased serotonergic system. All studies that reported the level of effectiveness of acupuncture as part of the Traditional Chinese Medicine package were higher than alarm therapy, the gold standard of Western medicine interventions to overcome nocturnal enuresis. Electroacupuncture as part of a combined approach of Traditional Chinese Medicine improves treatment outcomes in cases of nocturnal enuresis (Bower and Diao, 2010).

Oil and its beneficial effects have been known to the ancient world. The Greeks through the use of olive oil succeeded in increasing skin elasticity and blood supply to the underlying muscles. Also, post-exercise massage combined with oil spreads results in faster athlete recovery, because blood flow increases and products from metabolic processes (lactic acid) are expelled quickly from extended blood vessels. Furthermore, oil spreads provide flexibility and lubrication to the athlete's body. This resulted in its use being

adopted not only as a means of treatment but also for the prevention of sports injuries. Deep friction post-exercise massage combined with the use of olive oil is beneficial in reducing muscle fatigue. Specifically, friction increases blood flow from the underlying tissue (at the local level) and helps eliminate lactic acid more quickly from the tissues of the neuromuscular system. The ancient Greeks achieved better recovery from the body's acid-base balance and further restored the arterial blood pH to normal levels (pH 7.35-7.45) by means of this deep friction massage. People used to know how to reduce muscle fatigue and athlete recovery faster through observation. A recent study concluded that massage has a reflective and mechanical action. This contributes to an effective reduction of muscle tone and subsequently increases venous return, is also beneficial for reducing creatine kinase levels and the number of circulating neutrophils, and overcoming the onset of muscle pain. The treatment session may be as short as 5 minutes or as long as 20 minutes. (Nomikos, et al., 2010).

Acupressure therapy is the most effective method, especially for relieving muscle tension and stress and reducing complaints or other illnesses. Stimulation of acupressure points will stimulate the release of the endorphin hormone. This hormone is a hormone that can cause a feeling of happiness and calm so that in children who experience enuresis caused by anxiety, fear, stress, and psychological problems, acupressure therapy can be very helpful. Acupressure is the most effective method, especially for self-therapy, relieving muscle tension and stress and reducing complaints of certain disorders. It is very effective because it suppresses the bladder without inhibition of contractions and to significantly increase bladder stimulation. Stimulation at the point of enuresis will stimulate the release of the endorphin hormone. The acupressure point used to treat bladder dysfunction is located in an area that coincides with nerve supply by spinal segments up to S4 (Nomikos et al., 2010).

Nocturnal enuresis can occur as a result of accidental pelvic muscle loosening. Olive oil strengthens the muscles of the urinary tract and improves bladder control. The beneficial effects of olive oil have been known to the ancient world. The Greeks used olive oil to increase skin elasticity and supply blood to the underlying muscles. Also, massage combined with oil spreads results in faster physical recovery in athletes, because blood flow increases and products from metabolic processes (lactic acid) are expelled quickly from extended blood vessels. Furthermore, the spread of olive oil gives flexibility and lubrication to the athlete's body. This resulted in its use being adopted not only as a means of treatment but also for the prevention of sports injuries. Massage combined with the application of oil is beneficial in reducing muscle fatigue. In particular, massage increases blood flow from the underlying tissue (at the local level) and helps achieve faster removal of lactic acid from tissues of the tired athlete's neuromuscular system. The ancient Greeks achieved better recovery from the body's acid-base balance and further restored the arterial blood pH to normal levels (pH 7.35-7.45) by a massage using this olive oil. The ancients knew how to reduce muscle fatigue and recovery in athletes faster by a massage using olive oil through visual observation. The beneficial properties of deep friction massage (DFM) have been confirmed by recent research. According to research, massage has reflective and mechanical action. This contributes to the effective reduction of muscle tone and subsequently increases venous return. It also reduces the level of creatine kinase and the number of circulating neutrophils, and delays the onset of muscle pain after eccentric exercise, through impaired inflammatory responses (Nomikos et al., 2010).

The results of this study are in accordance with Dawud Al-Anthaki's theory in Badwilan 2010, which mentions some of the properties of olive oil in medicine including stopping decay and strengthening body organs. Olive oil comes from olives, olives are mentioned many times in the Qur'an, which is mentioned 7 times by Allah: 2x the olive itself, 5x juxtaposed with other fruits such as dates, pomegranates, grapes, figs, bananas. This proves that the existence of these fruits is very beneficial. Olive is a blessed tree. *Allah Subhanahu Wa Ta'ala* swore by him, in Surah At-Tin (95: 1-2); "For the sake of tin and olives. And for the sake of Mount Sinai.

"*Allah Subhanahu Wa Ta'ala* also praised him in Surah An-Nur (24:35); "... lighted with oil from a blessed tree. Namely the olive tree that grows not in the east nor in the west. The oil is almost illuminating even if it is not touched by fire. The Prophet *Sallallahu 'Alaihi Wasallam* said, Take olive oil and oil it with it because it comes from a blessed tree. (HR. Tirmidhi). For the Prophet *Sallallahu 'Alaihi Wasallam,* olive oil is not only beneficial for the health of the body but is also considered as part of a tree that is blessed by Allah SWT.

when tested by research in the journal Molecular & Cellular Oncology found that a simple substance in olives that have been in the form of extra virgin olive oil can actually kill cancer cells. The main olive oil compositions are triacylglycerol (~99%) and free fatty acids, mono- and diacylglycerol, and a series of lipids such as hydrocarbons, sterols, aliphatic alcohols, tocopherols, and pigments. Phenolic and volatile compounds are also present in large quantities. Some of these compounds make olive oil have a unique character (Boskou et al., 2006). How to give olive oil to reduce the frequency of nocturnal enuresis in children is to warm the olive oil first and rub the olive oil between the palms and over the child's lower abdomen, massage for a few minutes on the back of the pelvis and lower abdomen slowly.

The main source of fat from Mediterranean food is olive oil. Olive oil has been proven effective against diseases related to oxidative stress and also with aging. Olive oil is rich in monounsaturated fatty acids, oleic acid, and contains minor components with antioxidant properties. Olive oil is a functional food that besides having high levels of MUFA, oleic acid, olive oil also contains many minor components with biological properties that are rich in benefits. Olive oil contains a variety of minor components, depending on cultivar, climate, olive maturity at harvest, and the processing system used to produce this type of olive oil. Virgin olive oil (VOO) is obtained from olives solely by mechanical or physical means such as washing, decantation, centrifugation or filtration that do not cause changes in the oil. (Fitó et al., 2007).

V. CONCLUSION

The final results of the study show the frequency distribution of children who experienced mild enuresis were 12 respondents (40%), children who experienced moderate enuresis were 2 respondents (6.7%), and children who experienced severe enuresis were 16 respondents (53.3%). after being given a massage using olive oil, there was a decrease in the number of children experiencing nocturnal enuresis with the results of 19 respondents (63.3%) of children without enuresis, children with mild enuresis being 9 respondents (30%), children with moderate enuresis were only 2 respondents (6.7%), and no children with severe enuresis were found. Statistical test results obtained p-value 0,000, which means there is an influence of the use of massage with olive oil with a decrease in enuresis in preschool children. Suggestion: As input to health services such as Posyandu, Poskeskel, and Puskesmas to inform the benefits of using massage with olive oil to reduce the frequency of enuresis in preschool children.

Midwives can socialize using leaflets and teach massage therapy to mothers to deal with nocturnal enuresis in preschool children. As input to health services such as Posyandu, Poskeskel, And Puskesmas to inform the benefits of safe non-pharmacological therapy to reduce nocturnal enuresis in preschool children.

REFERENCES

1. Ashraf-Ul-Huq ‘Review Article: Review Article’, Journal of Paediatric Surgeons of Bangladesh, 3(2), pp. 78–80 (2012). Available at: https://www.mendeley.com/catalogue/enuresis-2/.

2. Axelrod, M. I., Tornehl, C., and Fontanini-Axelrod, A. 'Enhanced Response Using a Multicomponent Urine Alarm Treatment for Nocturnal Enuresis', Journal for specialists in pediatric nursing : JSPN, 19(2), (2014). pp. 172–182. DOI: 10.1111/jspn.12066.
3. Boskou, D., Blekas, G. and Tsimidou, M. (2006) Olive Oil Composition. Second Edi, Olive Oil: Chemistry and Technology: Second Edition. Second Edi. AOCS Press. DOI: 10.1016/B978-1-893997-88-2.50008-0.
4. Bower, W. F., and Diao, M. (2010) 'Acupuncture as a Treatment for Nocturnal Enuresis', Autonomic Neuroscience: Basic and Clinical. Elsevier B.V., 157(1–2), pp. 63–67. DOI: 10.1016/j.autneu.2010.07.003.
5. Brown, M. L., Pope, A. W., and Brown, E. J. (2011) 'Treatment of Primary Nocturnal Enuresis in Children: A Review', Child: Care, Health and Development, 37(2), pp. 153–160. DOI: 10.1111/j.1365-2214.2010.01146.x.
6. Calabriso, N. et al. (2014) Olive Oil, The Mediterranean Diet: An Evidence-Based Approach. Elsevier Inc. DOI: 10.1016/B978-0-12-407849-9.00013-0.
7. Deshpande, A. V., and Caldwell, P. H. Y. (2012) 'Medical management of nocturnal enuresis', Pediatric Drugs, 14(2), pp. 71–77. DOI: 10.2165/11594870-000000000-00000.
8. Donaldson, D. L. (2016) 'Enuresis and Encopresis', Encyclopedia of Mental Health: Second Edition, 2, pp. 128–131. DOI: 10.1016/B978-0-12-397045-9.00006-9.
9. Fitó, M., De La Torre, R. and Covas, M. I. (2007) 'Olive Oil and Oxidative Stress', Molecular Nutrition and Food Research, 51(10), pp. 1215–1224. DOI: 10.1002/mnfr.200600308.
10. Glazener, C., Evans, J. and Peto, R. (2006) 'Alarm Interventions for Nocturnal Enuresis in Children', Evidence-Based Child Health: A Cochrane Review Journal, 1(1), pp. 9–97. DOI: 10.1002/ebch.4.
11. Gorzynik-Debicka, M. et al. (2018) 'Potential Health Benefits of Olive Oil and Plant Polyphenols', International Journal of Molecular Sciences, 19(3). DOI: 10.3390/ijms19030686.
12. Gunes, A. et al. (2009) 'The Epidemiology and Factors Associated with Nocturnal Enuresis Among Boarding and Daytime School Children in Southeast of Turkey: A Cross-Sectional Study', BMC Public Health, 9, pp. 1–8. DOI: 10.1186/1471-2458-9-357.
13. Haid, B. and Tekgül, S. (2017) 'Primary and Secondary Enuresis: Pathophysiology, Diagnosis, and Treatment', European Urology Focus. European Association of Urology, pp. 198–206. DOI: 10.1016/j.euf.2017.08.010.
14. Hmwe, N. T. T. et al. (2015) 'The Effects of Acupressure on Depression, Anxiety, and Stress in Patients with Hemodialysis: A Randomized Controlled Trial', International Journal of Nursing Studies. Elsevier Ltd, 52(2), pp. 509–518. DOI: 10.1016/j.ijnurstu.2014.11.002.
15. Irwin, G. M. (2019) 'Urinary Incontinence', Primary Care - Clinics in Office Practice. Elsevier Inc, 46(2), pp. 233–242. DOI: 10.1016/j.pop.2019.02.004.
16. Kajiwara, M. et al. (2006) 'Nocturnal Enuresis and Overactive Bladder in Children: An Epidemiological Study', International Journal of Urology, 13(1), pp. 36–41. DOI: 10.1111/j.1442-2042.2006.01217.x.
17. Loo, M. et al. (2009) 'Enuresis', in Integrative Medicine for Children, pp. 319–326. DOI: 10.1016/B978-141602299-2.10033-7.
18. Maizam, A., Alias, M., Sazilah, S.,N.Bakar, R.M. Nawawi, Application of green technology for sustainable public bus services. Management and Technology in Knowledge, services, tourism & hospitality, 1-142.

19. Nomikos, N. N., Nomikos, G. N. and Kores, D. S. (2010) 'The Use of Deep Friction Massage with Olive Oil as a Means of Prevention and Treatment of Sports Injuries in Ancient Times', Archives of Medical Science, 6(5), pp. 642–645. DOI: 10.5114/aoms.2010.17074.
20. Piroddi, M. et al. (2016) 'Nutrigenomics of Extra-Virgin Olive Oil: A Review', BioFactors, 43(1), pp. 17–41. DOI: 10.1002/biof.1318.
21. Rini, S. O. D. P., and Achadi, A. (2019) 'Acupressure Program At the Health Centers in South Jakarta in 2018', Journal of Indonesian Health Policy and Administration, 4(1), pp. 6–10. DOI: 10.7454/ihpa.v4i1.2431.
22. Sharifi, H. et al. (2017) 'Topical Use of Matricaria Recutita L (Chamomile) Oil in the Treatment of Monosymptomatic Enuresis in Children: A Double-Blind Randomized Controlled Trial', Journal of Evidence-Based Complementary and Alternative Medicine, 22(1), pp. 12–17. DOI: 10.1177/2156587215608989.
23. Tambunan, T. (2016) 'Inkontinensia Urin pada Anak', Sari Pediatri, 2(3), p. 163. doi: 10.14238/sp2.3.2000.163-9.
24. Tang, W. R. et al. (2014) 'Effects of Acupressure on Fatigue of Lung Cancer Patients Undergoing Chemotherapy : An Experimental Pilot Study', Complementary Therapies in Medicine. Elsevier Ltd, 22(4), pp. 581–591. DOI: 10.1016/j.ctim.2014.05.006.
25. Walker, R. A. (2019) 'Nocturnal Enuresis', Primary Care - Clinics in Office Practice. Elsevier Inc, 46(2), pp. 243–248. DOI: 10.1016/j.pop.2019.02.005.
26. Yeung, C. K. (2003) 'Nocturnal Enuresis (Bedwetting)', *Current Opinion in Urology*, 13(4), pp. 337–343. DOI: 10.1097/01.mou.0000079419.40209.f9.