DISEASES OF URINARY BLADDER AND HOMOEOPATHY

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Diseases of Urinary Bladder and Homoeopathy

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Anatomy

Shape
Spherical

Capacity
400 cc of urine, while empty it is no larger than a tennis ball

Location
Superiorly - end of both ureters and down in the abdomen
Posteriorly - behind the pubic bone

Relations
Both ureters enter the bladder from the sides. They actually go diagonally through the bladder wall, so they are being squeezed somewhat when the bladder fills; in this way a valve is formed that provides for a one-way flow, prohibiting reflux of urine from the bladder to the kidneys. The openings of the ureters are located near the bladder outlet. A triangle is thus formed between the two ureteral openings and the bladder outlet, which is the beginning of the urethra.
Male and Female urethra
In the male, the anal canal is right behind the bladder and the prostate is located right under the bladder, around the urethra. In the female the uterus and vagina lie in between the bladder and the anal canal. The female urethra is, by the way, relatively short.

Blood and nerve supply
A couple of blood vessels are connected to the bladder from the sides, ensuring a wealthy blood supply. The nerve supply is also abundant; a virtual network of nerve-bundles is connected to the bladder, while even quite a few nerve cells are present to be able to do some on-the-spot regulating of the function of the bladder.

Functions and Physiology
The urine, produced by the kidneys, is transported by the ureters towards the bladder to be stored there.
A second important feature of the bladder is the voiding of stored urine once a suitable spot has been found to do that, i.e. a toilet. In order to get this done as quickly as possible, the bladder wall is equipped with muscle fibers, so that the bladder can shrink itself into the size of a tennis ball. Straining, i.e. using the muscles of the abdomen enhances the pressure on the bladder contents and thus causes a more powerful flow of urine, but will also squeezes the bladder outlet and enhance the outflow resistance.

The sphincter around the urethra, that normally closes the outlet to prevent leaking, has to relax during act of urination.
This everything is controlled by nerve cells in the spine and around the bladder. The sensitive spot in the bladder consists of the triangular area between the openings of the ureter and the bladder outlet, the trigone. Once this area gets stretched at a certain degree of bladder filling, your brain gets a signal that the bladder is going to need emptying.

The signals get stronger while the bladder gets fuller or if is kept resisting, the control center in the spine takes over and starts the voiding procedure so that the bladder empties itself completely. Babies always pass urine this way.

**Urinary Bladder Diseases, Signs and Symptoms**

Main diseases of the bladder can be subdivided into following categories-

**Bladder cancer**

Bladder cancer may be of several types, arising from the epithelial lining, the urothelium. Rarely the bladder is involved by non-epithelial cancers, such as lymphoma or sarcoma (Psora/ Sycosis/ Syphilis).

The most common type of bladder cancer recapitulates the normal histology of the urothelium and is known as transitional cell carcinoma or more properly urothelial cell carcinoma.

If it is not treated in time, the cancer might start local encroachment, and might also metastasize to other parts of the body.

**Causes**
- Congenital defects (Syphilis)
- Chemotherapy and radiation therapy (Causa occasionalis)
- Chronic bladder infections and irritations (Psora/ Sycosis/ Syphilis)
- Exposure to certain chemicals (Causa occasionalis)
- Low fluid consumption (Indisposition)
- Personal or family history of bladder cancer (Cancerous)
- Some medications - pioglitazone (Actos) and aristolochic acid (Causa occasionalis)
- Smoking (Causa occasionalis)
Symptoms
- Hematuria is the most common symptom
- Dysuria
- Urinating small amounts frequently
- Frequent urinary tract infections (UTIs)

Cystitis
Bacteria can easily slip up into the bladder, especially in the female due to a very short urethra. Normally, these bacteria are washed out of the bladder during voiding, but in some cases like low on drinking, a lot of bacteria, aggressive bacteria, low on resistance after an operation etc. an infection can arise. The bacteria do mostly come from one’s own bowels, but ‘strangers’ like gonorrhoea can also cause cystitis. (Psora/ Sycosis)

In male, the cystitis is less common, since the urethra is longer and the bladder farther away from the opening outside. If a man does get an infection of the bladder, it often means that there is something else going on too, like bladder stones, enlargement of the prostate, etc. In the male, a cystitis can easily lead to an infection of the prostate, prostatitis or an epididymitis.

Causes
There are many possible causes of cystitis-
- Use of a tampon (a plug of material used to stop a wound or block an opening in the body and absorb blood or secretions) (Causa occasionalis)
- Change of a urinary catheter causing damage to the area (Causa occasionalis)
There is a higher incidence of cystitis among women who use the diaphragm for contraception. (Causa occasionalis)

Partial emptying of bladder creating an environment for bacteria to multiply in the bladder. This is fairly common during pregnancy, and in men with prostatomegaly. (Causa occasionalis/ Psora/ Sycosis)

Sexually active women have a higher risk of bacteria entering via the urethra.

Urinary system obstructions. (Causa occasionalis)

Frequent and/or vigorous sex causing physical damage or bruising. (Causa occasionalis)

During the menopause women produce less mucus in the vaginal area. This mucus stops the bacteria from multiplying. Women on HRT (hormone replacement therapy) have a lower risk of developing cystitis compared to menopausal women not on HRT.

Symptoms

- Strong, persistent urge to urinate
- Burning sensation when urinating
- Passing frequent, small amounts of urine
- Hematuria
- Cloudy or strong-smelling urine
- Pelvic discomfort
- A feeling of pressure in the lower abdomen
- Low-grade fever

Bladder stones

Bladder stone are usually not formed by the bladder. They originate as kidney stones, pass through the ureter and end up in the bladder. Compared to the bladder outlet and the urethra, these stones are relatively small and normally washed out quickly, unless, there is some obstruction to the outlet like enlarged prostate, so the stone gets stuck in the bladder and grows. Bladder stones are found more in men. A bladder stone can be impregnated with bacteria, causing a persistent infection of the bladder that will only be cured after removal of the stone.

Causes

Bladder stones begin to generate with residual urine that has not been excreted. (Causa occasionalis/ Psora) Conditions commonly associated with an inability to fully void the bladder include-

- Neurogenic bladder
  If the nerves communicating between the bladder and brain are damaged as in a stroke or spinal injury (Causa occasionalis/ Syphilis).

- Prostate enlargement
  If the prostate is enlarged, as it can press on the urethra and cause a disruption in flow. (Psora/ Sycosis)

- Medical devices
  Foreign objects in the bladder can act as platforms for crystallization to begin like catheters, contraceptive devices, suture material and stents if they migrate to the bladder. (Causa occasionalis)
Bladder inflammation
Urinary tract infections or radiation therapy. (Causa occasionalis/ Psora/ Syphilis)

Kidney stones
Kidney stones can migrate down the ureters and eventually grow into bladder stones. Kidney stones are more common than bladder stones. (Psora)

Bladder diverticula
If they grow to a large enough size, they can hold urine and prevent the bladder from being fully emptied. (Psora/ Sycosis)

Cystocele
In women, the bladder wall can become weak and drop down to the vagina; this can affect the flow of urine from the bladder. (Psora/ Sycosis)

Symptoms
- Frequent urination, especially during the night
- Lower abdominal pain
- A burning sensation or pain in the urethra when urinating
- Bloody or cloudy urine
- Incontinence of urine

Diseases of bladder function
The bladder muscle can be too weak, causing incomplete emptying of the bladder during voiding. On the other hand, the bladder might get too active, causing frequent urination or incontinence or the bladder sphincter might be too weak, which can also cause incontinence.

Causes
- Damage during childbirth (Causa occasionalis)
- Increased intraabdominal pressure, as in pregnancy or obesity (Causa occasionalis)
- Damage to the bladder or nearby area during surgery (Causa occasionalis)
- Neurological conditions such as parkinson’s disease or multiple sclerosis (Syphilis)
- Certain connective tissue disorders, such as ehlers-danlos syndrome (Syphilis/ Sycosis)
- Drinking too much alcohol or caffeine (Causa occasionalis)
- Poor fluid intake leads to strong, concentrated urine to collect in bladder, which can irritate the bladder and cause symptoms of overactivity (Causa occasionalis)
- Constipation (Psora)
- Conditions affecting the lower urinary tract, such as urinary tract infections or tumors in the bladder (Psora/ Syphilis/ Sycosis)
- An enlarged prostate gland (Psora/ Sycosis)
- Bladder stones (Psora)
- Birth defect of bladder (Syphilis)
- Injury to your spinal cord (Causa occasionalis)
- A bladder fistula (Psora/ Syphilis)
- Angiotensin-converting enzyme inhibitors (Causa occasionalis)
- Diuretics (Causa occasionalis)
- Some antidepressants (Causa occasionalis)
- Hormone replacement therapy (Causa occasionalis)
• Sedatives (Causa occasionalis)

Symptoms

Symptoms of stress incontinence
Involuntary release of urine, especially while cough, sneeze, or laugh. Leaking a small to moderate amount of urine.

Symptoms of urge incontinence
Frequent and sudden uncontrollable urge to urinate

**Types of Incontinence**

<table>
<thead>
<tr>
<th>Overflow</th>
<th>Stress</th>
<th>Urge</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Urachal blockage • Bladder unable to empty properly</td>
<td>• Relaxed pelvic floor • Increased abdominal pressure</td>
<td>• Bladder oversensitivity from infection • Neuropathic disorders</td>
</tr>
</tbody>
</table>

Diagnosis

The bladder and its function can be investigated in different ways.

1) **Blood test**
   • CBC
   • KFT
   • RBS

2) **Urine Examination**
   • white blood cells
   • red blood cells
   • calcium or urate or another known stone-forming substance
   • pH

3) **X-rays**
   Bladder stone is often visible.

4) **CT-scan**
   Extent of a kidney tumor.

5) **Cystogram**
   During a cystogram the bladder is filled with a radiopaque dye. Large bladder tumors will be visible in this way, while, after emptying the bladder, it will show whether the bladder is really empty.
6) Ultrasound
The size of the bladder and the quality of emptying are measured, while bladder stones and large tumors are visualized.

7) Cystoscopy
This is perhaps the most important examination of the bladder, since even very small bladder tumors or stones can be found, while the urethra and prostate can be inspected in one go. One does also get an impression of the quality of the bladder muscles.

8) Urodynamic study
A urodynamic examination is necessary to test the function of the bladder. The bladder is first emptied through a catheter. After another small catheter is inserted into the bladder, it is filled, very gently, with water, while, at the same time the amount of water flowing in the bladder pressure is measured. In this way information is gathered about the bladder capacity, the sensitivity and the way the bladder is emptied again. The examination is important to get information about the condition the bladder is in and to find the cause in cases of incontinence.

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**Treatment**

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**Cystitis**
Treatment depends on the nature, i.e. cause of the cystitis.

BLADDER - INFLAMMATION - accompanied by - Female genitalia; inflammation of canth.
BLADDER - INFLAMMATION - accompanied by - Male genitalia; inflammation of canth.
BLADDER - INFLAMMATION - accompanied by - Prostate gland; swelling of sabal
BLADDER - INFLAMMATION - accompanied by - swelling calc.
BLADDER - INFLAMMATION - accompanied by - urination – dribbling canth.
BLADDER - INFLAMMATION - accompanied by - urination – involuntary canth.
hydrag. stigm.
BLADDER - INFLAMMATION - accompanied by - urine – bloody Chim. uva
BLADDER - INFLAMMATION - accompanied by - urine – burning Canth.
BLADDER - INFLAMMATION - acute - accompanied by - urination - urging to urinate mez.
BLADDER - INFLAMMATION - catheterization; after ann. camph-ac. pop. staph.
BLADDER - INFLAMMATION - chronic cystitis - accompanied by - Urethra; inflammation of hydr. med.
BLADDER - INFLAMMATION - chronic cystitis - accompanied by - urination; dribbling hyper.
BLADDER - INFLAMMATION - coition; after first intercourse STAPH.
BLADDER - INFLAMMATION - coition; after - new sexual relationship; since Med.
BLADDER - INFLAMMATION - coition; after sabad. STAPH.
BLADDER - INFLAMMATION - cold; after taking a DULC. Sulph.
BLADDER - INFLAMMATION - gonorrheal bell. benz-ac. Canth. Cop. cub. merc-c. methyl. puls. sabal
BLADDER - INFLAMMATION - headache; during rhus-t.
BLADDER - INFLAMMATION – hemorrhagic CANTH.
BLADDER - INFLAMMATION - hemorrhoids - suppression of; after Nux-v.
BLADDER - INFLAMMATION - injuries; after Arn. Staph.
BLADDER - INFLAMMATION – interstitial med.
BLADDER - INFLAMMATION - menses - before - agg. senec.
BLADDER - INFLAMMATION - menses - during - agg. senec.
BLADDER - INFLAMMATION - menses - suppressed menses; from Nux-v.
BLADDER - INFLAMMATION - operation; after - abdomen; on pop.
BLADDER - INFLAMMATION - operation; after - ovaries; after removing pop.
BLADDER - INFLAMMATION - operation; after - uterus; after removing pop.
BLADDER - INFLAMMATION - operation; after pop.
BLADDER - INFLAMMATION - pain and almost clear blood; with violent Nit-ac.
BLADDER - INFLAMMATION - pregnancy agg.; during pop.
BLADDER - INFLAMMATION - pus-like discharge after lithotomy, with mill.
BLADDER - INFLAMMATION - scarlatina; after Canth.
BLADDER - INFLAMMATION - throbbing all over; with sabin.
BLADDER - INFLAMMATION - women; in mit.

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BLADDER - PAIN - cystitis, in - pressing pain LYC.
BLADDER - PAIN - cystitis, in lyc.
BLADDER - PAIN - pressing - cystitis, in LYC.
BLADDER - PAIN - pressing, pressure in - cystitis, in LYC.
FEMALE - ABORTION, miscarriage - cystitis, from acen. cannis-s. canth.
FEMALE - ABORTION, miscarriage - cystitis, from acen. cannis-s. canth.

GENERALs - HISTORY; personal - cystitis; of recurrent - children; in apis asaf. borx. canth. caps. lach. lyc. MED. nux-v. sarx. Sep. STAPH. tub.

GENERALs - HISTORY; personal - cystitis; of recurrent hep. lyc. med. puls. sep. tub.


URINARY SYSTEM - Bladder - Inflammation - from - abuse of Cantharis apis camph.

URINARY SYSTEM - Bladder - Inflammation - from - gonorrhoea bell. benz-ac. Canth. Cop. cub. merc-c. puls. sabal

URINARY SYSTEM - Bladder - Inflammation - from - operations, and in pregnancy pop.

URINARY SYSTEM - Bladder - Inflammation - With fever, strangury Acon. bell. Canth. gels. hydrang. stigm.

**Bladder stone**

Bladder - STONE in, sensation of - urethra, as of a coc-c.
BLADDER - STONE in, sensation of med. puls. SEP.
BLADDER - STONES in bladder - sensation of a stone puls. SEP.
Bladder - STONES, bladder, calculi - calcium, deposits Cal-ren. m-aust. sars. vario.
Bladder - STONES, bladder, calculi - surgery, for, after Arn. CILEN. cham. chin. cupr. mill. nux-v. STAPH. verat.

Bladder - ULCERATION, bladder - stones, calculi, caused by all-s.
Bladder - URGING, to urinate - painful, dysuria, urination - stones, with kidney, bladder berb. calc. cannis-s. LYC. nux-v. petr. phos. SARS. sep. sil.

Kidneys - COLIC, kidney, pain - cramp-like, towards bladder nit-ac.
Kidneys - COLIC, kidney, pain - right - right ureter to bladder LYC. sars.

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Urinary organs - Stone - in bladder puls. sars.

Bladder cancer

BLADDER - CANCER - painful; tormenting naphthoq.
BLADDER - CANCER Anil. arg-n. ars. blatta-o. chim. clem. con. congo-r. crot-h. equis-h. gamb. hydr. mal-ac. sabal sars. staph. tarax. TER. thuj. tor.
Bladder - CANCER, bladder - bloody, urine, with Ter. Thuj.
Tumors, general - bladder, tumors - urethra, small lach.
Tumors, general - bladder, tumors – vascular cann-s. Eucal.
Tumors, general - bladder, tumors acet-ac. anil. Calc. carb-v. sec. thuj.

Incontinence

BLADDER - PARALYSIS - general - incontinence, with caust. m-aust. puls. rhus-t.
BLADDER - PARALYSIS - incontinence, with caust. puls. rhus-t.
Bladder - PARALYSIS, bladder - incontinence, with caust. puls. rhus-t.
BLADDER - URINATION - involuntary - night - accompanied by - eczema; history of psor.
BLADDER - URINATION - involuntary - night - catheaterization, after mag-p.
BLADDER - URINATION - involuntary - night - cough agg.; during colch.
BLADDER - URINATION - involuntary - night - dreaming of urinating, while equis-h. Kreos. lac-c. lyc. merc-i-f. Ph-ac. Seneg. SEP. SULPH.
BLADDER - URINATION - involuntary - night - four times cab.
BLADDER - URINATION - involuntary - night - fright; after op. stram.
BLADDER - URINATION - involuntary - night - habit; when there is no tangible cause except EQUIS-H.
BLADDER - URINATION - involuntary - night - injuries of head; after sil.
BLADDER - URINATION - involuntary - night - menses; during hyos.
BLADDER - URINATION - involuntary - night - midnight - after - 5 h act.
BLADDER - URINATION - involuntary - night - midnight – after PULS. Ruta
BLADDER - URINATION - involuntary - night - midnight – before Bry. PULS.
BLADDER - URINATION - involuntary - night - midnight - morning; until plan.
BLADDER - URINATION - involuntary - night - moon; full cina psor.
BLADDER - URINATION - involuntary - night - night - habit; when there is no tangible cause except EQUIS-H.
BLADDER - URINATION - involuntary - night - old people apoc. benz-ac. kali-p. sec.
BLADDER - URINATION - involuntary - night - pregnancy agg.; during podo.
BLADDER - URINATION - involuntary - night - sleep – deep Kreos.
BLADDER - URINATION - involuntary - night - waken the child; difficult to Bell. chlom. KREOS.
BLADDER - URINATION - involuntary - night - women; in Sil.
BLADDER - URINATION - involuntary - night - worms; from cina Santin. sil. sulph.
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BLADDER - URINATION - involuntary - night, incontinence in bed - morning, toward am-c. cact. carb-v. chloL. cina zinc.

BLADDER - URINATION - involuntary - night, incontinence in bed - autumn agg. pulS.

BLADDER - URINATION - involuntary - night, incontinence in bed - winter agg. pulS.

BLADDER - URINATION - involuntary - night, incontinence in bed - children, in weak CHIN.

BLADDER - URINATION - involuntary - night, incontinence in bed - dreaming of urination, while bell. equis-h. KREOS. lac-c. lyc. merc-f. Seneg. SEP. sulph.

BLADDER - URINATION - involuntary - night, incontinence in bed - injury of head, after Sil.

BLADDER - URINATION - involuntary - night, incontinence in bed - masturbation tendency, in sep.

BLADDER - URINATION - involuntary - night, incontinence in bed - moon, at full psor.

BLADDER - URINATION - involuntary - night, incontinence in bed - worms, from sil.

BLADDER - URINATION - involuntary - night, incontinence in bed - morning, toward am-c. cact. carb-v. chloL. cina zinc.

BLADDER - URINATION - involuntary - night, incontinence in bed - dreaming of urination, while bell. equis-h. KREOS. lac-c. lyc. merc-f. Seneg. SEP. sulph.

BLADDER - URINATION - involuntary - night, incontinence in bed - injury of head, after Sil.

BLADDER - URINATION - involuntary - night, incontinence in bed - first sleep, in benz-ac. bry. CAUST. cina KREOS. merc. PH-ac. phos. pulS. Rhus-t. SEP. Sil. sulph. tub. zinc.

BLADDER - URINATION - involuntary - night, incontinence in bed - sleep - first, in - winter agg., summer amel. caust.

BLADDER - URINATION - involuntary - night, incontinence in bed - tangible cause except habit, when there is no Equis-H.

BLADDER - URINATION - involuntary - night, incontinence in bed - injury of head, after Sil.

BLADDER - URINATION - involuntary - night, incontinence in bed - first sleep, in benz-ac. bry. CAUST. cina KREOS. Ph-ac. phos. pulS. Rhus-t. SEP. tub.

BLADDER - URINATION - involuntary - night, incontinence in bed - first sleep, in - Winter agg., summer amel. caust.


BLADDER - URINATION - involuntary - night, incontinence in bed - tangible cause except habit, when there is no Equis-H.

BLADDER - URINATION - involuntary - night, incontinence in bed - weakly children, in Chin.


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BLADDER-URINARY ORGANS - URINATION, - involuntary - night (incontinence in bed) - morning, toward am-c. cact. chlol. zinc.

BLADDER-URINARY ORGANS - URINATION, - involuntary - night (incontinence in bed) - midnight to morning.

BLADDER-URINARY ORGANS - URINATION, - involuntary - night (incontinence in bed) - difficult to waken the child Bell. KREOS.

BLADDER-URINARY ORGANS - URINATION, - involuntary - night (incontinence in bed) - dreaming of urinating, while KREOS. lac-c. lyc. merc-f. Sep. Sil. sulph.

BLADDER-URINARY ORGANS - URINATION, - involuntary - night (incontinence in bed) - first sleep benz-ac. CAUST. cina KREOS. Ph-ac. SEP.


BLADDER-URINARY ORGANS - URINATION, - involuntary - night (incontinence in bed) - tangible cause except habit, when there is no EQUIS-H.

BLADDER-URINARY ORGANS - URINATION, - involuntary - night (incontinence in bed) - weakly children, in Chin.

Constitutions - ELDERLY, constitutions - flabby, chronic incontinence of urine, from paralysis of sphincter vesicae ThuJ.

CORYZA - Concomitants - urine - incontinence of verat.

DREAMS - STOOL - incontinence dulc. haliae-lc.


Heart - HEARTBEATS, general - frequent, each beat double, one hard and full, the other soft and small - incontinence of urine, with Arg-n.

Heart - HEARTBEATS, general - weak - incontinence of urine, with Arg-n.

Incontinence stool, urine, sexual, etc. - fright, from op.


MIND - FEAR - coition - during - incontinence of urine, causing long lasting Lyc.

MIND - FEAR - coition, during - incontinence of urine, causing prolonged LYC.

MIND - FEAR - wet his bed; fear he will alum. cob.
plan. BLADDER-URINARY ORGANS - URINATION, - involuntary - night (incontinence in bed) - midnight to morning - after, 5 a.m. cact.

STOMACH - INDIGESTION - incontinence of urine, with vib-od.

STOMACH - INDIGESTION - incontinence of urine, with vib-od.

Stomach - INDIGESTION, general - incontinence, of urine, with vib-od.

URINARY SYSTEM - Bladder - Enuresis, incontinence - cause - Catheterization, after mag-p.


URINARY SYSTEM - Bladder - Enuresis, incontinence - cause - During - first sleep; child aroused with difficulty caust. kreos. Sep.

URINARY SYSTEM - Bladder - Enuresis, incontinence - cause - During - full moon; intractable cases; eczematous history psor.

URINARY SYSTEM - Bladder - Enuresis, incontinence - cause - Habit the only ascertainable cause equis-h.

URINARY SYSTEM - Bladder - Enuresis, incontinence - cause - History of sycosis med.

URINARY SYSTEM - Bladder - Enuresis, incontinence - cause - Hysteria ign. valer.


URINARY SYSTEM - Bladder - Enuresis, incontinence - cause - Worms cina Santin. sulph.


URINE - Incontinence of ACON. ant-t. ARG-MET. Bell. canth. clem. con. cupr. Dig. dros. hyos. Led. mag-c. nit-ac. ph-ac. podo. Puls. RHUS-T. SQUIL. stram. TARAX. VERAT.

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Radar 10

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