Overactive Bladder Syndrome and Incontinence

What Can Homeopathy Offer?

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Roadmap for Our Training Session

- Urinary urgency – facts and figures
- Seeing the forest and the trees
- Thought constructs to evaluate symptoms
- Finding the pattern in each case
- Therapeutics... and adjuncts for clients
- Cases and practical suggestions
Dx: Overactive Bladder Syndrome

• Bladder can normally hold up to 2 cups of urine, and empty every 3-4 hours/day

• Clients with OAB experience
  – Frequent need to urinate
  – Strong sudden urging
  – Leaking (eeeeek!)

• 33 million, mostly women, (40-44yo – 8%, 75+ - 31%)
OAB: Likely Causes and Contributing Factors

- **Psychosocial factors:** Excessive drinking, anxiety, habitual patterns
- **Urological:** UTI, overactive muscle, stones in the bladder, prostate issues,
- **Gynecological:** Pregnancy, bladder prolapse, fibroids in the uterus, pelvic surgery
- **Medical:** Diabetes, stroke, CNS/Spinal disease or trauma, Medications / Diuretic therapy – be sure to ask!
OAB: How Do We Get To This?

- **Excessive production of urine** causes frequent urging and urination. Diabetes, high blood glucose, hypercalcaemia, psychogenic polydipsia, use of diuretics.

- **Reduced ability to hold urine** prompts frequent urging. Infection, musculature, reduced space due to mechanical cause (e.g. fibroid, enlarged prostate, adhesions, prolapse, etc).
With any pattern of symptoms reported by the client, we must ask ourselves (BEFORE we select a homeopathic remedy):

Is this symptom an expression of the Vital Force?

Or is this symptom arising from some other exciting cause?

Why do we care about this? Why is it important?
§ 208

The age of the patient, his mode of living and diet... must next be taken into consideration, in order to ascertain whether these things have tended to increase his malady, or in how far they may favor or hinder the treatment....
Hence the careful investigation into such obstacles to cure is so much the more necessary in the case of patients affected by chronic diseases, as their diseases are usually aggravated by such noxious influences and other disease-causing errors in the diet and regimen, which often pass unnoticed.
Sam Says:
Maintaining Causes and Obstacles to Cure

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The most appropriate regimen during the employment of medicine in chronic diseases consists in the removal of such obstacles to recovery...

SO.... talk with your clients about medications, supplements, alcohol consumption! Identify the maintaining causes. Encourage them to speak with the prescribing physician for medications.
Sphere of Disturbance

Sensation and Function

Organic Tissue Change
Who is most likely to present with urinary issues?

Urinary disorders involve the kidneys, ureters, bladder and urethra

- Both genders, all ages, incidence increases with age
- Predisposed: Diabetes, hypertension
- Race is a predisposition for: Black / Indian / Asian
- Sycotic miasm
- Post-partum women, women with (recent) new sex partner
- Let's look at some statistics from NIH / CDC
Who is leaking (eeek)?

In 2002, a study reported:
32% of UK women
34% of German women
32% of French women
15% of Spanish women had symptoms of urinary incontinence in the prior 30 days.

Urinary Incontinence Prevalence
Overactive Bladder Prevalence

UTI incidence per 1000
OAB: Conventional Therapeutics

- Medications such as Toviaz, Enablex, Vesicare, Sanctura; main side effects are dry mouth, constipation, allergic reactions
- Surgery: bladder augmentation
- Progressive/Integrative approaches: physical therapy; pelvic floor physical therapy
What can we offer clients who have OAB?

Remember that disruption of the vital force involves BOTH sensation/function AND physical tissue change

- Homeopathy can improve sensation/function
- In cases with tissue change (e.g., scar tissue from a surgery) homeopathy can help to break down adhesions tissue
- Homeopathy can relieve predisposing and etiological factors (subacute infection, prostate enlargement, bloodsugar dysregulation, hypercalcaemia, fibroids, etc)
Anyone with urinary symptoms can use a source of encouragement and support

- There may be feelings of shame or despair, need to talk.
- Connect with resources like www.nafc.org and www.continence-foundation.org.uk
- Consider and get counseling about maintaining causes and obstacles to cure
Treatment of Incontinence

Treatment of incontinence depends on its type, severity and the underlying cause. It can be successfully treated in most cases but if the underlying cause cannot be cured, there are ways to ease the symptoms and make this condition less unpleasant.

Typically, the doctors start with the simplest and the least invasive course, if the cause of incontinence does not require prompt medical intervention. Urinary incontinence which is not caused by an underlying medical condition is often managed with the following treatments:

Lifestyle changes. Urinary incontinence which is caused by lifestyle factors such as diet and physical activity can often be improved by making some changes to these aspects of daily life.
Incontinence is largely preventable and treatable condition.

“CERTAINLY NOT AN INEVITABLE CONSEQUENCE OF AGING”

Encourage your clients to seek solutions that are robust and address all of the options available.
What is Uric Acid Diathesis

- Paracelsus: “Each organ has the power to separate the hurtful from the harmless, and when in this faculty it goes astray, there we get tartarus.”
- “Tartarus” is that residue which should have been excreted – acid, stone, gavel
- Characterized by pH balance problems, formation of stones and calculi, water retention, gout, kidney pain, recurrent urinary distress
- Uric acid diathesis can arise from the liver, spleen, pancreas, kidneys or bowels
When Uric Acid Diathesis is present, this is what it will look like:

- Chronic urinary infection
- Stones in kidney, ureters or bladder
- Gout pain / uric acid diathesis
- Atrophy of kidneys
- Localized chronic kidney pain
- Reduced function, especially in the elderly
- Chronic asthma and bronchitis
- Nerve irritation – interstitial cystitis
- Urinary issues with Chronic vaginitis
- Osteoporosis – calcium management issues
Case Example 1
57 yo female: Urinary Incontinence

- I have a history of kidney stones, and my biggest problem now is that I have to pee all the time. Even if I just went to the bathroom 15 minutes ago, I will feel urgent need to urinate again.

- This has been getting worse over the past 5 years since I hit menopause.

- I also have had bone spurs on my ankle and shoulder – they were surgically removed twice.

- I don't sleep well because I have to get up several times every night to urinate – at least hourly. So I am always tired.

- I have been on several different medications for this – they cause side effects I can't live with, so I want to try homeopathy.
Ocimum canum: Holy basil

Stock this remedy in several potencies; have it on hand. It is not going to be available at your local health food store to pick up!

In my practice, most helpful acute remedy in kidney stone and kidney colic in 30c/200c/1M

Also use when there is clearly uric acid disruption in the case – give as a nutritive herb for the kidneys in 3x – 3c potency daily. Use in 3 week alternation with natrum sulphuricum cell salt or silver birch gemmotherapy tincture.
Case Example 2
19 yo female: Urinary Tract Infection

- I have had terrible urinary tract infections for the past 3 years. Each time I get an infection, I have the feeling like I need to pee all the time. And I get a terrible cramping pain at the end of urination.

- I usually am given antibiotics by my doctor. And then the infection goes away. But for weeks afterward, when I sit down, I will often leak a little bit of urine – just enough that I always have to wear a panty liner in my underwear.

- I have had at least one UTI each month for the last 2 years
Sarsaparilla

Made from smilax

In my practice, this is the most helpful OAB urinary support remedy when subacute urinary infection is the likeliest factor

Give in 6x potency morning/evening daily for 3-4 weeks

Re-evaluate urging, frequency, leaking symptoms after 3 weeks
Case Example 3
38 yo male: Kidney Weakness

- I had a bad kidney infection 6 years ago. I was a tri-athlete, competing, and I got badly dehydrated. We were competing in extreme heat at high altitude, and I just could not drink enough water to stay hydrated. I passed out after I finished the last leg of the competition, and woke up in the hospital on IV fluids.

- Ever since then, I have had a problem with urinary incontinence. With any physical stress, like when I cough or sneeze or jump, I lose a little bit of urine. I always feel the need to urinate.

- There have also been a few times when I have woken in the morning and found that I have wet the bed a little.

- This is really embarrassing to me – I have tried medications, acupuncture, yoga, biofeedback without relief.
Deterioration / degeneration of the kidneys

Albumin in the urine

Used in a trial in India: clients on dialysis were able to reduce dialysis frequency and some were able to stop dialysis treatments completely

Uric acid diathesis

This is one of the strongest options: give in low potency (12X? 9C? Remember it is a venom, and it is toxic)

1-2-3 times daily for 3 weeks, then consider a switch to an appropriate cell salt such as nat-sulf.
What Else (other than a well chosen remedy) can help?

- Review / adjust medications with prescribing physician
- Reduce intake of diuretic herbs (dandelion, chicory, fennel, mint)
- Manage fluid intake, avoid caffeinated/alcoholic beverages
- Reduce contributing factors for UTI: good hygiene around sex, underwear choices, diet. D-Mannose.
- Scheduled voiding: Urinary Bladder training
  - Urination at same time each day/night
  - Improves ability to reduce reaction to urging
- Pelvic Floor exercises: Kegels
  - When urinary incontinence is associated with pain, refer to a physical therapist who specializes in pelvic floor – kegels are contra-indicated here!
  - Both men and women can benefit from kegels
SO, are you ready? You can do this!

Urinary frequency and overactive bladder symptoms can respond well to homeopathy.

- Let me know how you do - if you have a successful case, email me:
  
  Info@karenallenhomeopathy.com

- Additional class materials are available on my website: www.karenallenhomeopathy.com

- Thanks for your attention and participation today!