

URINARY INCONTINENCE

Compiled by

Campbell M Gold

(2010)

CMG Archives

<http://campbellmgold.com>

--()--

IMPORTANT

The health information contained herein is not meant as a substitute for advice from your physician, or other health professional. The following material is intended for general interest only; and it should not be used to diagnose, treat, or cure any condition whatever. If you are concerned about any health issue, symptom, or other indication, you should consult your regular physician, or other health professional. Consequently, the Author cannot accept responsibility for any individual who misuses the information contained in this material. Thus, the reader is solely responsible for all of the health information contained herein. However, every effort is made to ensure that the information in this material is accurate; but, the Author is not liable for any errors in content or presentation, which may appear herein.

--()--

Introduction

Urinary incontinence is the inability to control urination.

Types and Symptoms

There are six types of urinary incontinence:

- 1) **Stress incontinence** - this is the most common type of urinary incontinence and typically occurs when a person coughs, sneezes, laughs, does heavy lifting, participates in exercise, or anything else that puts pressure on the bladder. The amount of urine that is leaked is typically small; however, stress incontinence can also cause the individual to pass larger amounts, especially if their bladder is very full. Stress incontinence occurs when the sphincter muscle of the bladder is weakened. In women, physical changes resulting from pregnancy, childbirth and menopause can cause stress incontinence. In men, removal of the prostate gland can lead to stress incontinence.
- 2) **Urge incontinence** - this occurs when the bladder muscles are "too active". Individuals with urge incontinence leak urine as soon as they feel a strong desire to go to the toilet. An individual with urge incontinence may need to pass urine very frequently, and may need to get up several times during the night. The need to pass urine may be triggered by a sudden change of position, or something in the environment such as the sound of running water. The individual may also find that they pass urine during sex, especially at the point of orgasm. Urge incontinence may be caused by urinary tract infections, bladder irritants, bowel problems, Parkinson's disease, Alzheimer's disease, stroke, injury or nervous system damage associated with multiple sclerosis.
- 3) **Mixed incontinence** - this is the combination of stress and urge incontinence.

- 4) **Overflow incontinence** - this is the feeling of never completely emptying the bladder. Overflow incontinence is common in an individual with an enlarged prostate gland, which can obstruct the bladder. The individual you may experience that they pass small trickles of urine very often. However, it may also feel as though their bladder is never fully empty, and that they cannot empty it even when they try. Overflow incontinence may occur in people with a damaged bladder, blocked urethra or nerve damage from diabetes and in men with prostate gland problems.
- 5) **Functional or environmental incontinence** - this occurs when an individual cannot get to a toilet or a bedpan when they need it. The urinary system may be functioning well; however, physical or psychological disabilities may prevent "normal toilet usage". For example, a person with severe arthritis may not be able to unbutton clothing quickly enough - this is functional incontinence.
- 6) **Total incontinence** - this is a severe and continuous condition. It typically occurs as a result of a congenital (from birth) bladder disorder, surgery, or following physical trauma/ injury. Total incontinence may cause the individual to frequently/constantly pass large amounts of urine, even at night. Alternatively, the individual may pass large quantities of urine, every so often, and leak small amounts in between. Total incontinence can be caused by injuries to the spinal cord or urinary system, or by an abnormal opening (fistula) between the bladder and an adjacent structure, such as the vagina in women.

--()---

Causes

Urinary incontinence can be caused by temporary problems:

- **Alcohol** - this acts as a bladder stimulant and a diuretic, which can cause an urgent need to urinate.
- **Caffeine** - this is a diuretic and a bladder stimulant that can cause a sudden need to urinate.
- **Certain foods and drinks** - carbonated drinks, tea and coffee (including caffeine free), artificial sweeteners, corn syrup, and foods and beverages that are high in spice, sugar and acid (e.g. citrus and tomatoes can aggravate the bladder).
- **Constipation**
- **Dehydration** - If an individual does not consume enough liquid to stay hydrated, their urine can become very concentrated. This collection of concentrated salts can irritate the bladder and exacerbate incontinence.
- **High-impact aerobics**
- **Medications** - Heart medications, blood pressure drugs, sedatives, muscle relaxants and other medications may contribute to bladder control problems.
- **Obesity**
- **Over-hydration** - drinking a lot of fluids, especially in a short period of time, increases the amount of urine the bladder has to deal with.
- **Smoking**
- **Urinary tract infection**
- **Vaginal infection or irritation**

Urinary incontinence can also be caused by other permanent conditions, such as:

- Aging (bladder holds less and urine stream may be weaker)
- Blocked urethra (caused by prostate enlargement in men)

- Diabetes
- High calcium levels in the blood
- Hormone imbalance in women
- Immobility
- Neurological disorders
- Overactive bladder muscles
- Prolapsed uterus
- Structural abnormalities in the urethra
- Weakness of bladder itself
- Weakness of muscles that hold the bladder in place
- Weakness of the pelvic muscles due to pregnancy, followed by a long, difficult vaginal birth
- Weakness of the urethral sphincter muscles

Other Causes of persistent urinary incontinence

- **Aging** - Aging of the bladder muscle leads to a decrease in the bladder's capacity to store urine, and to an increase in "overactive bladder" symptoms. Risk of overactive bladder increases if the individual has cardiovascular disease; consequently, maintaining good overall health (e. g. stopping smoking, keeping blood pressure, blood sugar, and weight within a healthy range) can help to avoid an overactive bladder.
- **Bladder Cancer or Bladder Stones** - Incontinence, urinary urgency, and burning with urination can be signs and symptoms of bladder cancer or bladder stones. Other important signs and symptoms include blood in the urine and pelvic pain.
- **Enlarged prostate** - In older men, incontinence is often linked to the enlargement of the prostate gland (a condition also known as benign prostatic hyperplasia (BPH)). The prostate begins to enlarge in many men after about age of 40 years.
- **Hysterectomy** - In women's anatomy, the bladder and uterus lie in close proximity and are supported by the same muscle and ligament structure. Consequently, any surgery that involves the reproductive system (e.g. hysterectomy) has the attendant risk of damaging the supporting pelvic floor muscles, which can result in incontinence.
- **Menopause** - After menopause women produce less oestrogen, which is a hormone that helps to keep the lining of the bladder and urethra healthy. Consequently, with less oestrogen being produced, these tissues may deteriorate, which can exacerbate incontinence.
- **Neurological Disorders** - Such conditions as multiple sclerosis, Parkinson's disease, stroke, brain tumour, or a spinal injury can interfere with neurological signals involved in bladder control, and consequently cause urinary incontinence.
- **Obstruction** - A tumour which has developed anywhere along the urinary tract can obstruct and restrict the normal flow of urine and thus cause incontinence - usually "overflow incontinence". Urinary stones in the bladder may be causal for urine leakage. Stones can also form in the kidneys, bladder, or the ureter.
- **Painful Bladder Syndrome (Interstitial Cystitis)** - This is a rare but chronic condition which can cause urinary incontinence, as well as painful and frequent urination.
- **Pregnancy and Childbirth** - Pregnant women may experience stress incontinence because of hormonal changes and because of the increased weight of an enlarging uterus. Additionally, the stress of a vaginal delivery can also weaken muscles needed for bladder control. Moreover, the changes that take place during childbirth can also damage bladder nerves and supportive tissue, which can result a prolapsed (dropped) pelvic floor. With such as prolapse, the bladder, the uterus, the small bowel, and the rectum or can get displaced down from their usual position and protrude into the vagina area. Such protrusion can be causal result in

incontinence. Additionally, incontinence related to childbirth may develop immediately after delivery or it may take several years to fully develop.

- **Prostate Cancer** - In men, stress incontinence or urge incontinence can be associated with untreated prostate cancer. Additionally, and more common is that incontinence is a side effect of treatments, such as chemotherapy, surgery, or radiation for prostate cancer.
- **Prostatitis** - Loss of bladder control is not a "typical" sign of prostatitis (inflammation of the male prostate gland); however, urinary incontinence does sometimes occur with this relatively common condition.

--()--

Risk Factors

- **Age** - As an individual gets older, the muscles in their bladder and urethra lose some of their strength. Changes with age reduce how much your bladder can hold and increase the chances of involuntary urine release. However, getting older doesn't necessarily mean that you'll have incontinence. Incontinence isn't normal at any age — except during infancy.
- **Gender** - Women are more likely, than men, to develop "stress" incontinence. Pregnancy, childbirth, menopause, and normal female anatomy all stack up. Nevertheless, men with prostate gland problems are very much at increased risk of "urge" and "overflow" incontinence.
- **Other Diseases** - Cardiovascular disease, kidney disease, and/or diabetes, etc, may also dramatically increase an individual's risk for developing incontinence.
- **Overweight** - Being obese or overweight increases the external pressure on the bladder and surrounding muscle and ligament structures. Consequently, there is a weakening of tissue which allows urine to leak out when the individual coughs or sneezes, etc.
- **Smoking** - A chronic cough associated with smoking can cause episodes of incontinence or aggravate other causes of incontinence. Constant coughing puts stress on the urinary sphincter, which leads to "stress incontinence". Smokers are also at a higher risk of developing "overactive bladder".

--()--

When to Address

Incontinence should be addressed when:

- There are indications of a more serious underlying condition, particularly if it is associated with blood in the urine.
- The condition is causing the individual to restrict their activities and limit their social interactions to avoid embarrassment.
- The condition may increase the risk of falls in older persons as they rush to the toilet.

--()--

Treatment

Address the underlying cause(s) and treat appropriately.

--()--

Tissue Salts

- Ferr Phos - Incontinence of urine from muscular weakness.
- Kali Phos - Incontinence of urine from nervous debility.
- Mag Phos - Constant urging to urinate when standing or walking.
- Nat Phos - Incontinence of urine in children with acidity. Catarrh of the bladder.
- Nat Sulph - Sandy deposit in the urine, gravel. Excessive excretions of urine.
- Calc Phos - Enuresis in elderly people, frequent urging to urinate.
- Nat Mur - Incontinence of urine in children, in alternation with Kali Phos. Involuntary emission while walking. Excessive flow of watery urine.

Further Recommendations

Tissue Salt - Selection Guide												
Legends: "#" = After Consensus; "s" = after Schuessler; "-" = After Others "+" = Consider adding, depending upon symptoms												
Condition	1 Calc Fluor	2 Calc Phos	3 Calc Sulph	4 Ferr Phos	5 Kali Mur	6 Kali Phos	7 Kali Sulph	8 Mag Phos	9 Nat Mur	10 Nat Phos	11 Nat Sulph	12 Silica
Bladder inflammation			-	-	-							
Cystitis				#	#	#		#		#		
Cystitis - acute				s	s							
Cystitis - chronic					s							+
Cystitis - suppurating			s									

End

--()--

<http://campbellmgold.com>

23092010/1