

Bladder problems

Cleve McIntosh discusses three common issues: infections, incontinence and bedwetting, and their homeopathic treatment

Bladder problems are common and can be a challenge to even the most competent GP or specialist. Many will not resolve completely using conventional treatment alone. Homeopathy offers tremendous relief to those who have not found help elsewhere and should often be used first because of the absence of side-effects.

Infections

Bladder infections, also known as urinary tract infections (UTIs) or cystitis, are extremely common. At some time in their lives up to 20 per cent of women will have a bladder infection. Most are uncomplicated causing mainly discomfort and inconvenience. Common symptoms include burning urine, lower abdominal pain, needing to urinate more often than usual (frequency) and feeling as if you will leak if you don't get to the toilet when the urge to urinate comes (urgency). To confirm the diagnosis, rapid analysis of urine can be performed using a urine dipstick test or a sample can be sent to a laboratory for analysis. If a bladder infection is caused by bacteria, laboratory analysis will usually identify which it might be. Some women have persistent symptoms of a bladder infection, but no sign of infection on urine analysis. This poorly understood condition has various names, including "spastic bladder" or "urethral syndrome", and responds very well to homeopathic treatment.

In young children below the age of two bladder infections can be difficult to diagnose. Symptoms are non-specific and include fever, vomiting and not gaining weight. Bladder infections in young children may need further investigations to exclude a structural abnormality predisposing to bladder infections.

Homeopathic treatment

Bladder infections respond well to homeopathic treatment, which focuses on assisting the body to fight the infection and enabling it to get on top of

future infections. When antibiotics are used routinely to treat uncomplicated bladder infections, the person is more likely to develop recurring or chronic bladder problems needing repeated courses or long term anti-biotics. Antibiotics should be reserved for complicated infections such as those affecting the kidneys and in vulnerable patients, such as those with diabetes, abnormal kidneys or pregnant women. Many bladder infections will improve after a few days just by drinking more water, taking vitamin C and garlic capsules. Cranberry juice, stinging nettle and dandelion teas are also helpful.

Recurrent cystitis can be prevented by emptying the bladder as soon as the urge is felt. It is also important to empty the bladder before putting pressure on it, such as during sex or cycling.

Staphysagria is very useful for treating "honeymoon cystitis", a term used

to describe bladder infections which develop after having sex. When needing to urinate, the woman might feel she has to get to the toilet as fast as she can or else she might leak. At an emotional level, there may be suppressed anger and resentment. However, this is often so deep that the person is unaware of it, and the only clue to the homeopath might be, for example, an abusive relationship that they are trapped in.

Infections characterised by an intense, scalding pain when passing urine may be helped by *Cantharis*. There may be blood in the urine and there is a sensation of not being able to fully empty the bladder or the rectum. Unexpectedly, the irritation of the bladder may increase sexual desire in the person.

Bladder pain which comes on suddenly and intensely, with an extremely urgent need to pass urine, points to *Pulsatilla*. The person may crave open



Photo: istockphoto.com/Kateryna Govorushchenko

air and moving about, and feel worse indoors. Generally, they dislike fatty or rich foods. Emotionally, they may be very affectionate and crave physical closeness and become tearful or weepy.

Case study

Four year-old Sue had developed recurrent bladder infections eight months before, soon after her younger sister was born. Her mother had taken her to numerous specialists and she had had various tests. For the previous five months she had been on antibiotics continuously and there were no bladder or urinary symptoms. She was a very clingy and needy child who always wanted to be held. After four weeks of Pulsatilla 30c once daily, there was little change. At her next consultation, it emerged that she was often bullied at her pre-school, so her prescription was changed to Staphysagria 30c daily for four weeks. Her mother stopped her antibiotics and she has not had another bladder infection in the last two years.

Incontinence

Incontinence is the leakage of urine when one does not mean to urinate. It affects about five per cent of women and can have an enormous impact on the social life and emotional health of those who are affected by it. There are various types of incontinence, all of which can be made worse by bladder infections, which should be considered before a diagnosis is made.

Stress incontinence

Leaking urine when one coughs, sneezes, runs, lifts something, laughs or does anything which increases the pressure on the bladder inside the abdomen is the most common form of incontinence. Men who have had prostate surgery and women who have had many children or are post-menopausal are more at risk. Effective non-drug treatment includes pelvic floor exercises and weight reduction in those who are overweight. Hormonal therapy, medication which acts on the nerves controlling the bladder and surgery are also used.

Homeopathic treatment

Natrum muriaticum is good for stress incontinence. The person might also have vaginal dryness and pain on intercourse, with an aversion to sex. Many of the symptoms might be worse from direct or bright sun and around 10am. There may also be a marked craving for or dislike of salt. The symptoms may

develop after grief, particularly where the person feels sad yet unable to weep or move on.

Apis is valuable for stress incontinence that is better in cooler weather. It may be associated with bladder infections with severe burning pain when passing urine. People needing Apis may feel generally worse when hot. They enjoy exercise which makes them feel better. They are active, vital people who may be jealous and controlling.

Urge incontinence

Urge incontinence – leaking urine when one has a need to urinate but doesn't get to the toilet in time – can be a symptom of "overactive bladder syndrome" when one needs to urinate often and without much warning. It is a complex condition in which the bladder muscle contracts before it is full.

Overactive bladder syndrome may improve by cutting down on foods and drinks containing caffeine, such as chocolate, tea, coffee and cola. "Bladder training" – trying to gradually increase the time between wanting to pass urine and actually urinating – is also helpful.

Homeopathic treatment

Sepia is a very important remedy in older women in particular where urge incontinence is associated with a sensation of the uterus prolapsing, "of everything falling out below". There may also be an itchy, sore vagina with a white discharge. Chilliness, sensitivity to cold and feeling better after aerobic exercise are also common.

Nux vomica patients have frequent urging yet are unable empty their bladder satisfyingly. Like Sepia, they are chilly and sensitive to cold. Their symptoms may be worse for periods of overwork or indulgence in alcohol, overeating, tobacco or coffee. They can be impatient, irritable and pedantic, yet very hard working.

Case study

At 23 Lindi had been having bladder problems for several years. She had an urgent need to pass urine every half-hour during the day, yet was only able to pass very little urine each time. She wet her bed every night and woke up many times to pass urine. During sex, she would always leak urine, despite having tried to empty her bladder beforehand. She was very emotionally closed and revealed little about herself. If she was upset about something she would withdraw to cry alone. After three weekly

doses of Natrum muriaticum 200c she only needed to urinate every four hours and was able to pass a satisfying amount each time. She then took Natrum muriaticum 1M weekly for eight more weeks. The frequent need to pass urine during the day completely resolved, she no longer wet her bed and she only woke up once each night to urinate. She had no leaking during sex either.

Bedwetting

When discussing nocturnal enuresis, bedwetting, it's important to remember that children learn to control their bladders at different ages. At least 15 per cent of normal five year olds and seven per cent of normal seven year olds are still wetting their beds, and a smaller percentage of these children continue to wet their beds well into adolescence. Unless they are severely learning disabled or have a neurological illness, all children will eventually stop wetting their bed regularly. In young children, it may be appropriate to wait before starting treatment while using a waterproof mattress protector. In older children it is better to actively treat the problem – bedwetting can be very distressing to an older child and may affect their self esteem and cause psychological problems later. In addition, parents have extra work washing sheets and getting up at night, which may cause exhaustion and resentment.

In most children who are wetting their bed, no cause will be found. It is very rare to find a physical problem in a child who is growing normally and doing well at school. For peace of mind, getting a medical opinion can be valuable in excluding the easily treatable, rare or serious causes of bedwetting.

Pain when urinating, pain in the kidney (which is felt in the back on the side just above the waist), fever or blood in the urine are all symptoms which may suggest a problem such as an infection of the urinary tract. Bedwetting accompanied by increased thirst may be caused by diabetes. Bedwetting in a child who was previously dry needs to be carefully assessed, as there may be emotional stress (at home or at school for example) which brought on the bedwetting.

Conventional treatment

Parents may be offered conventional drugs to treat bedwetting. However, it is important to be aware of their side-effects and limitations in order to be able to weigh up the benefits and risks. Desmopressin, if used every night, is



effective in reducing bedwetting. However, it does have a long list of side-effects and as soon as it is stopped, the bedwetting recurs. Tricyclic antidepressants are sometimes also used as one of their side-effects is urinary retention. They are much cheaper than desmopressin, but can cause behaviour problems and rarely, but tragically, fatal heart problems.

Bedwetting alarm

The most effective treatment is the bedwetting alarm, sometimes called the enuresis alarm or the bell and pad alarm. Bedwetting alarms provide a long-term and drug-free solution. Within six weeks most children will be completely dry and stay that way. It requires commitment and careful supervision, but it has a higher success rate than conventional drugs and the child has the confidence of knowing they are unlikely to wet their bed again and do not have to rely on drugs.

There are a variety of bedwetting

alarms available, but the basic design is that of an alarm, which is linked to a tiny sensor in the underwear that is triggered as soon as the child starts passing urine. It is best if the child and a parent share a room for a few weeks while using the alarm as sometimes the child will be so deeply asleep, that they are not woken immediately by the alarm yet the parent will definitely wake up. The parent then needs to wake the child straight away to take him or her to the toilet to finish passing urine. The child's brain soon learns to wake the child automatically just before he starts to urinate.



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Homeopathic treatment

Homeopathic medication is effective and safe although it should only be used in conjunction with or after a bedwetting alarm has been tried.

Causticum is a useful remedy for numerous bladder problems, including bedwetting. The child may describe dreaming of urinating when they wet the bed. They may be sensitive to the cold and draughts and feel generally better in rainy, cloudy or damp weather. The child may be very intense, sincere and sympathetic and have strong feelings about justice or ecological issues. As adolescents, they may become idealistic and rebellious. They may have a stammer and show slightly obsessive tendencies of checking and rechecking tasks.

Mercurius symptoms are all worse at night. Children needing Mercurius are sensitive to minor changes in temperature, both hot and cold. They perspire at night and salivate, even drooling onto the pillow. Bad breath and a metallic taste in the mouth are also typical. The child may be withdrawn and shy, but sometimes is also precocious.

Beside wetting their bed, children needing Baryta carbonica will sometimes have recurrent sore throats and tonsillitis. In between throat infections, their tonsils may remain massively enlarged. They may also have swollen lymph glands in the neck. They may lack self confidence, can be quite anxious and need constant reassurance. They may have been diagnosed with attention deficit disorder, but without hyperactivity.

Case study

Margaret, at 16, had been wetting her bed almost every night since birth. She seemed intense and serious. She would wet her bed within a few hours of retiring and she preferred overcast weather. Unfortunately the family was living in poverty and could not afford a bedwetting alarm so she was managed purely homeopathically. She was given Causticum 6c every evening. Within a month she was only wetting her bed every fifth night and she seemed more relaxed and friendly.