

JAHC Preview: Frequent Urinary Urgency

Join us at the conference and expand your skills for your clients!



Urinary Urgency:

What is it?

Who's got it?

What to do with it???



by Karen Allen CCH



Roadmap for Our Training Session

- Urinary urgency – facts and figures
- Seeing the forest and the trees
- Thought constructs to evaluate symptoms
- Therapeutics... and Kegels!!
- To begin, let's meet some clients...

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 (eek!)
- 33 million, mostly women, (40-44yo – 8%, 75+ - 31%)

OAB: Contributing Factors

- Side effect of many medications – be sure to ask as client may be unaware
- Pregnancy (esp. many pregnancies) and menopause
- Pelvic surgery / hysterectomy
- Diabetes, stroke, spinal injury, neurological diseases such as Parkinsons / MS

OAB: Conventional Therapeutics

- Medications such as Toviaz, Enablex, Vesicare, Sanctura; main side effects are dry mouth, constipation, allergic reactions
- Surgery: bladder augmentation
- Progressive: 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 (eg scar tissue from a surgery) homeopathy can help to break down the scar tissue
- Homeopathy can relieve predisposing factors



Oh, Yeah, and don't forget

For our clients, we represent a source of encouragement and support – you are **SO MUCH MORE THAN A REMEDY FINDER**

- Clients may feel shame or despair, need to talk
- Connect clients with resources such as the www.nafc.org
- Identify and counsel about maintaining causes and obstacles to cure

So... The client comes in...

- We trained for just this moment!!!
- We take the case carefully and fully...
- We choose a remedy...
- The client takes it...
- And comes back or calls in...

(drum roll please.....)



What if it doesn't work????

- **Client improves** generally, but urinary symptoms do not!
- **Urinary symptoms change**, but **remedy does not touch other aspects** of the case
- **Remedy acts but does not hold**, frequent repetitions bring law-of-diminishing-returns response
- **Remedy does not act...** nor does the next choice... nor does the next choice... nor does an intercurrent nosode... nor does another remedy after that... reasonable remedies!!! **Not even partial credit!!!**
- Oops. **#%#\$&.**



The Quintessential Question: Why didn't it work?

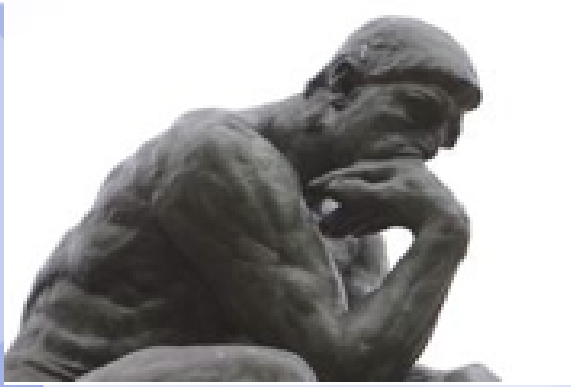
- Mystery when well indicated **remedies fail to act or do not hold**
- Our assumption is that **we were mistaken...**
- **Constitutional remedy** concept is the moral high ground, expected to **solve everything**
- This is a more recent point of view; there are **homeopaths from the past** who provided **other options** of assessment for this

Can We Predict When a Constitutional Remedy is Unlikely to Act in a Specific Sphere?



**James Compton
Burnett**

- Burnett: British homeopath who practiced 1860s – 1900, “Cooper Club”
- Remedies with affinity for specific organ or organ system
- Health and action of the vital force exists at the level of cell, tissue, organ, body system, person, family, genus epidemicus
- Some remedies have shown remarkable affinity to specific organs – use this to our advantage
- Cure occurs only when the remedy has an affinity for the locus of the disease



Maybe a New (Actually Old) Idea to work with?

"Homeopathy may be said to be based upon organopathy, for a **drug to cure the heart** of its disease specifically **must necessarily affect the heart** in some manner.

But the homeopath specializes, and says further: The drug that is to cure the heart **must affect the heart**, certainly - that is one of the foundations of our whole therapeutic edifice, but **that is not enough**;

the nosological organopathy and the therapeutic organopathy must be and are similar.... **to be curative the natural disease of the organ** (noso-logical organopathy) must be **like in expression** to the **therapeutic organopathy or drug-action.**"

(James Compton-Burnett, *Diseases of the Spleen*)

“Specificity of Seat”



All disease begins on the level of the vital force.
But it does not stay there!

Disease progresses from sensation and function
into tissue manifestation.

The vital force is **NOT RANDOM IN ITS
CHOICES** about where pathology arises!

Specific tissues or organs or body systems are
targeted and disrupted in a way that is
consistent with the state of the organism.



IF so... then we can conclude...

- If the reasonable remedy we chose does not act.... then **before we decide we were mistaken....** we should...
- Look at **SEAT OF DISTURBANCE...** and **AFFINITY** of remedy
- If the remedy we select has **no/small demonstrable affinity for the seat of the disturbance** (urinary tract in this context) in the case, then we may **see no response or partial response**
- This should not surprise us – we are wiser when we can **understand and predict** which **remedies** are / are not **likely to act** – even when all match the presenting symptomatology
- If we pay attention to this, we will be able to predict what 'should' act and **adjust our remedy choices to ensure success**

“Specificity of Seat”



Remedy states show specific preference for particular body parts.

When those particular body parts have organic tissue pathology, the remedies that act most strongly are those with an affinity!

The constitutional remedy may not have affinity for the tissue or organ that is compromised...

Breadth of Locus



PRIMARY ORGAN WEAKNESS:

predominant constraint that is the full case of the client. This is like the full book, the complete story

SECONDARY ORGAN WEAKNESS: the symptoms are tangential, an “also” feature, rather than central to constraint. This is like a little sub-plot in the client's story.



Finding a Constitutional Remedy to Repair This

- A good constitutional remedy can resolve this organic tissue pathology... or disturbances of sensation and function
- Remedy selection is based on the overall presenting state of the client, together with personal and family history
- The constitutional remedy matches the state of the client... which may or may not be a close match to the 'seat of disease'



Dr. Francisco Eizayaga

- There are multiple aspects of each case
- Not all aspects of a case are equally accessible to us for therapeutic intervention
- The vital force has its own agenda in repair and we are not able to assign/direct this
- The end products of disease respond differently to the stimulus of a remedy than the initial disturbance of sensation and function

Our Rubric Options

- *1. BLADDER; URGING to urinate, morbid desire; constant (130)
- *2. BLADDER; URGING to urinate, morbid desire; frequent (236)
- *3. BLADDER; URGING to urinate, morbid desire; sudden (94)
- *4. BLADDER; URGING to urinate, morbid desire; women, in (18)
- *5. BLADDER; URINATION; involuntary (254)
- *6. BLADDER; URINATION; involuntary; old people, in (29)

Our Repertory Results

	Dig.	Equis.	Apis	Pareir.	Canth.	Lil-t.	Sep.	Kreos.	Merc-c.	Thuja.	Staph.	Cann-s.	Murx.	Eup-pur.	Nux-v.	Phos.	Ars.	Gels.	Puls.	Bar-s.	All-s.	Sulph.	Squil.	Arg-n.	Petr.	Sabin.	Merc.	Rhus-t.	Aur-m.	Cop.
Bl	11	10	12	8	10	10	12	10	9	11	10	8	5	7	9	9	8	7	11	4	3	11	9	9	6	6	10	9	6	5
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Sarsaparilla



Made from smilax

In my practice, this is the most helpful OAB urinary support remedy

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

Re-evaluate urging, frequency, leaking symptoms after 3 weeks

Copiava



Made from balsam

Tonic for the bladder,
especially in menopausal
women

Use in low potency, such as
3c or 6c in water, repeated
daily

Try 3 week intervals in
alternation with silver birch
gemmotherapy or natrum
sulf 6x cell salts

Equisetum



Made from Horsetail

Tonic for urinary tract

Consider this when there is predominant leaking as well as frequent/sudden urging

Also use when there is clearly kidney disruption in the case – give as a nutritive herb for the kidneys in 3x – 3c potency daily.



What do we learn from this:

- We may be successful in resolving the complaint using constitutional care
- Consider adjunct of an organ support for the kidneys in any urinary incontinence or infection complaint, or when uric acid diathesis / history of gout is present in the case (see reference chart)
- Consider adjunct of organ support for the kidneys in any case where each constitutional remedy given triggers respiratory symptoms similar to kali remedies, but do not resolve or respond to kalis.
- Consider adjunct of organ support for kidneys in ADD



What Else (other than a well chosen remedy) can help?

- Manage fluid intake, avoid caffeinated beverages
- 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!
Remember Burnett and ideas about
specificity of seat

- Let me know how you do - if you have a successful case, email me:

Info@karenallenhomeopathy.com

- Thanks for your attention and participation today – see you at the conference!