

Therapeutic Insight #6

Frequency, urgency, and/or incontinence

Over Active Bladder!! You have probably seen this TV ad that starts out with a loud, menacing voice screaming at us, "Over Active Bladder!!" The ad then goes on to extol the merits of a drug that will dry up everything that you have. Then the screen changes with a little girl in a white pinafore skipping merrily through a field of daisies with joyful music playing. The music and visuals are distracting us from the soft voice that is running through the contraindications and possible side effects; possible high blood pressure, strokes, heart attacks, dizziness, fatigue, extreme nausea, and thoughts of suicide, etc.

This sad and deceptive scenario plays over and over. It also is an example of the flawed perspective of science; only looking for and treating the superficial effects, other wise known as symptoms.

Over Active Bladder!! So they really think that the bladder just decides to become over active one day? Or many women have been told that they have a "tipped uterus." What do they think is tipping the uterus?

Science hasn't paid any attention to the environment of every organ, duct, blood vessel, nerve and cell, the fascial system. All of our organs are fascial structures that ideally are capable of expanding and contracting. As you know, the bladder is a hollow organ that should be capable of expanding and contracting to hold fluid (urine) for a prolonged period of time. Fascial restrictions from trauma, scars, and/or the delivery process can exert crushing pressure upon the bladder creating the symptoms of frequency, urgency, and/or incontinence.

Many times fascial restrictions will adhere to the bladder and the urethral areas creating the environment for infection, since fascial restrictions impede proper elimination of toxins and waste products from the tissues. If the fascia tightens around the bladder, it can limit the bladder's potential to enlarge sufficiently, creating the need to urinate frequently or painfully. When a woman coughs, sneezes or laughs, urine will tend to seep out since there is no give to the bladder.

Inflammatory processes, such as endometriosis, can cause the fascial layers to adhere to adjoining tissue creating pain and symptoms.

Scars from abdominal/pelvic surgery, trauma or episiotomy scars can also create havoc in the pelvic area, causing menstrual dysfunction, pelvic pain, painful intercourse, constipation, diarrhea, and/or hemorrhoids. Recent statistics have shown that hysterectomies are performed on the average every 45 seconds in the United States and it has been determined that over half a million of these procedures a year are deemed unnecessary.

Another common problem we encounter is coccygeal disorders from trauma, pelvic torsion and childbirth. A malaligned coccyx can cause a multitude of problems in the pelvic area, including some of those just mentioned, as well as back and neck pain, and/or headaches due to the influence of the dural tube. When the coccyx moves closer to the pubic symphysis, the musculoaponeurotic fibers from the pubis to the coccyx become so slack that they lose their tonus. If the origin and insertion of a muscle move closer together, a great portion of the muscle's power is lost. "Typical symptoms of a sacrococcygeal lesion in a female client are the inability to sit for long periods of time, declining quality of sexual relationships and cystitis ... the coccyx can lead to a general decrease in the motility of the entire body, and it should be checked in people who are devitalized or suffering from general depression.*"

Myofascial release has helped many women with menstrual and PMS symptoms. Just picture the fascia tightening like a powerful three-dimensional net around the pelvic structures. Then as the woman begins to bloat as her menstrual cycle begins, the combination of fascial tightness and increasing internal pressure begins to exert heavy pressure on nerves, blood vessels, etc., and the cramps begin, the back tightens and all the other unpleasant effects are a reaction to the abnormal internal pressure.

In my "Myofascial Women's Health" Seminars (http://www.myofascialrelease.com/seminars/sem_women.asp) you will learn to treat menstrual pain and/or dysfunction, back and pelvic pain, endometriosis and other inflammatory disorders. Myofascial Release can treat the unpleasant and/or painful symptoms of pregnancy and childbirth, recurrent bladder pain and infection, frequency, urgency, and/or incontinence, painful intercourse, sexual dysfunction, elimination problems, coccygeal pain, painful episiotomy scars and the list goes on. These problems can in many cases be substantially alleviated or eliminated by myofascial release, nontraumatically and gently.

The non-traumatic, gentle nature of myofascial release is reassuring in that the client need not worry, since these effective procedures will not worsen the patient's symptoms or cause harm.

Myofascial release is not meant to replace the important techniques and approaches that you currently utilize, but acts as a very important added dimension for increasing your effectiveness and permanency of results in relieving pain and restoring function and the quantity and quality of motion.

Sincerely,

John

For more information about my Myofascial Release seminars or the Myofascial Release treatment centers, please call 1-800-327-2425 or visit our website at www.myofascialrelease.com

John F. Barnes, P.T., L.M.T., N.C.T.M.B., is an international lecturer, author, and acknowledged expert in the area of Myofascial Release. He has instructed over 50,000 therapists worldwide in his Myofascial Release approach, and he is the author of *Myofascial Release: the Search for Excellence* (Rehabilitation Services, Inc., 1990) and *Healing Ancient Wounds: the Renegade's Wisdom* (Myofascial Release Treatment Centers & Seminars, 2000). He is on the counsel of Advisors of the American Back Society; he is also on *Massage Magazine's* Editorial Advisory Board; and is a member of the American Physical Therapy Association. For more information, visit www.myofascialrelease.com.

References:

Barral D.O., Jean-Pierre. Merceir D.O., Pierre. *Visceral Manipulation*. Seattle, WA: Eastland Press; 1983, pp 260-261.

Fitzgerald, MP, et al. Randomized Multicenter Feasibility Trial of Myofascial Physical Therapy for the Treatment of Urological Chronic Pelvic Pain Syndromes (Abstract)
(http://www.urotoday.com/49/browse_categories/icpbsbps/randomized_multicenter_feasibility_trial_of_myofascial_physical_therapy_for_the_treatment_of_urological_chronic_pelvic_pain_syndromes_abstract06222009.html)

For more information about my Myofascial Release seminars you can click on the following links:

For a complete list of our seminars:
http://www.myofascialrelease.com/seminars/sem_courses.asp

For the Women's Health Seminar: The Myofascial Release Approach
http://www.myofascialrelease.com/seminars/sem_women.asp