

PROBLEMS 'DOWN BELOW'?
URINARY DYSFUNCTIONS - WATERWORKS UP THE SPOUT! (Part 1)

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Waterworks not working well affects both sexes, youngsters and the elderly. Children, even teenagers, can suffer nocturnal enuresis, or bedwetting. Women can suffer during childbearing when the womb presses on the bladder, or muscles or nerves are damaged during the birth; leading to 'stress incontinence' when sneezing, lifting or laughing results in a squirt or fuller leakage of urine. About 45 per cent of men will be affected from their 40s into old age when the prostate gland, which surrounds the urethra at the base of the bladder, becomes benignly enlarged and causes frequency, hesitancy and/or intermittency - the 'need to go, start, stop, dribble, stop, flow' phenomenon.

Other common urinary dysfunctions are urgency and retention. Recurrent infections (passing cloudy discoloured or foul-smelling urine), and cystitis (inflammation of the bladder and urethra - the tube to the outside world), can often be reduced with attention to boosting fluid intake, pre- and probiotics and emptying the bladder and using a PH balanced soap immediately after sexual intercourse or stimulation.

Sufferers are advised to flush out their system by drinking quantities of water, cranberry juice or soda: cranberries have a natural antiseptic action on the bladder and acidify the urine, whereas others find the alkalinity of soda more soothing. Advertised on TV, discreet pads are easily purchased by the incontinence sufferer, and while I applaud the openness of this, I believe it imparts resigned acceptance of the symptom, implying there is little to be done about it, which is not so.

All sufferers are advised to consult their GP to obtain correct diagnosis and exclude the presence of cancerous growth: subsequent treatment can then be their informed choice.

There are three methods of treating urinary dysfunction: surgery is a drastic last resort, only undertaken after less invasive treatments have failed. Most commonly, there is physiotherapy, teaching specific exercises (Keigels), to strengthen weak muscles. If the patient has virtually no control over their pelvic 'floor', a mild faradic current will assist contractions until functional control is mastered.

While an NHS chartered physiotherapist, I specialised in this area of treatment, and after acupuncture training, I wondered whether adding acupuncture would make treatment more effective than just conventional exercises; although too small a trial to be clinically significant, my successes resulted in GPs deluging me with referrals!

Acupuncture can also help reduce the symptoms of uterine, bladder or rectal prolapse and also prostatitis. It has good success in relieving urinary dysfunction and allowing the person to lead a life unencumbered by pads or nappies, free to laugh, dance and lift without considering the consequences, and no longer planning a trip out as a tour of public conveniences!

A standard course of treatment is eight to 12 sessions, using acupuncture needles often with additional stimulation of moxibustion (herbal heat) or electro-acupuncture. I ensure my patients know exactly which muscles should be exercised, as there is often confusion. I offer young children or the needle-shy the option of treatment using non-invasive AcuLaser and the above alternatives.