

# Stress Urinary Incontinence and Its Homoeopathic Perspective

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## Abstract

Stress urinary incontinence (SUI) is a frequently encountered clinical problem due to laxity of pelvic floor muscle. Often, conventional treatment measures are not successful. Females are more vulnerable to this problem because of childbirth; vaginal deliveries are the major cause of incontinence because it causes looseness of pelvic floor and any type of increased abdominal pressure may lead to emission of urine unknowingly.

**Key words:** *stress urinary incontinence, homoeopathic medicines.*

## 1. Introduction

Incontinence is a prevalent health condition that is rarely discussed as people living with the condition are often embarrassed to discuss it with their healthcare providers. In fact, the World Health Organization calls incontinence “one of the last medical taboos”. (Cahill J, 2015) Urinary incontinence is frequently associated with a negative impact of quality of life of the patient, (Charalambous S & Trantafylidis A, 2009 & Zagaria Mary Ann E, 2006) by lowering self-esteem and affecting psychological and physical well-being. According to a study persons who are incontinent often experience shame, disgust, embarrassment, and a less active social life, all of which can lead to depression. (Zagaria Mary Ann E, 2006)

The human toll of this condition is significant as it impacts negatively on one’s physical, psychological, sexual, social and overall quality of life. Women living with incontinence are much more likely to suffer from depression than their continent peers. (Vigod SM & Stewart DE, 2006) Women are more vulnerable to urinary incontinence due to several reasons, and they suffer silently due to lack of knowledge of preventive and therapeutic strategies directed toward the problem. (Kaczorowski J, Skelly J & Finkelstein M, 2005)

## 2. Understanding Urinary Incontinence:

The bladder is the urine storage reservoir, the urethra is a passage through which the bladder is emptied and supportive structures consisting of pelvic and periurethral muscles are responsible for preventing leakage. (Cahill J, 2015)

It is not really a disease, but rather a symptom, as a result of either a bladder or sphincter disorder. Urinary incontinence is defined by the International Continence Society (ICS) as “involuntary loss of urine”. The symptomatology of incontinence may be subdivided into three categories:

a) **Stress urinary incontinence**, which is caused by “the involuntary loss by effort, exercise, sneeze or cough”,

b) **Urge incontinence**, which is the “involuntary loss of urine accompanied by or following a sudden compelling desire to void which is difficult to defer”, and

c) **Mixed urinary incontinence**, which is defined as “the involuntary urine loss accompanied by urgency and present by effort, exercise, sneeze or cough”. (Abrams P et al, 2003)

## 3. Pathogenesis of stress urinary incontinence:

Incontinence comes under the heading of pelvic floor dysfunction and always associated with weakness of pelvic muscles as well as failure of supporting connective tissue structures leading to urinary incontinence. (Sung VW, & Hampton BS, 2009)

To understand the pathogenesis of the stress urinary incontinence we have to understand the anatomical supports of urinary bladder. The bladder is anchored inferiorly by condensations of pelvic fascia which

attach it to the pubis, lateral pelvic side-walls, and rectum in form of pubovesical ligaments (in females pubourethral ligaments and in males puboprostatic ligaments), lateral ligaments and sacrogenital folds respectively. In the normal female the bladder neck sits above the pelvic floor supported predominantly by the pubovesical ligaments, the endopelvic fascia of the pelvic floor and levator ani. These support the urethra at rest; with elevated intra-abdominal pressure the levators contract, increasing urethral closure pressure to maintain continence. (Drake RL, Vogl AW & Mitchell AWM, 2015)

This anatomical arrangement commonly alters in females after parturition and with increasing age, such that the bladder neck lies beneath the pelvic floor, particularly when the intra-abdominal pressure rises, the mechanism described above then fails to maintain continence (stress incontinence as a result of urethral hypermobility). (Drake RL, Vogl AW & Mitchell AWM, 2015)

Multiple pregnancies and vaginal deliveries lead to incontinence in females because of weakening of pelvic floor resulting from stretching. (Rogers G & Roth E, 2016)

In males bladder neck is surrounded by prostate and supported by puboprostatic ligaments and pelvic floor. It is extensively disrupted in the vast majority of men undergoing bladder neck surgery, e.g. transurethral resection of the prostate in benign prostatic hypertrophy. Prostate surgery (partial or complete removal of prostate) is a major cause of urinary incontinence in men. (Drake RL, Vogl AW & Mitchell AWM, 2015)

Other risk factors for stress incontinence include (Rogers G & Roth E, 2016):

1. smoking causing chronic cough
2. any other condition associated with chronic cough
3. excessive caffeine and alcohol use
4. obesity
5. constipation
6. long-term participation in high-impact activities
7. hormonal deficiencies

## HOMOEOPATHIC PERSPECTIVE:

### In view of Organon of Medicine and Homoeopathic Philosophy

Throughout the whole urinary tract, we find latent symptoms of all the miasms. Of the true chronic miasms, psora and sycosis take an active part in the production of disease in these organs. The urine in any psoric patient will pass off frequently involuntarily when sneezing, coughing or laughing.

There is not much pain in passing urine in psora, generally a slight smarting, due often to acidity of the urine. (Allen JH, 2006)

### In view of Homoeopathic Repertory:

It has been already mentioned that urinary incontinence is a symptom and can be present in many urological, gynecological or neurological disorders. Homoeopathic system of treatment is also based on symptomatology of the particular patient. Our homoeopathic repertories have full of urinary symptoms in which involuntary urination is meant for urinary incontinence. The triggering factor is pressure on abdominal muscles which causes stress urinary incontinence. This factor may be in form of coughing, laughing, sneezing, blowing the nose, expelling flatus, bending double, rising from seat, etc. The rubrics in synthesis repertory (Schroyens F, 1993) are listed below:

1. BLADDER: URINATION- Involuntary, blowing the nose, when
2. BLADDER: URINATION- Involuntary, cough during
3. BLADDER: URINATION- Involuntary, exertion during
4. BLADDER: URINATION- Involuntary, flatus, expelling when
5. BLADDER: URINATION- Involuntary, laughing
6. BLADDER: URINATION- Involuntary, rising, from a seat, when
7. BLADDER: URINATION- Involuntary, running while
8. BLADDER: URINATION- Involuntary, sneezing when
9. BLADDER: URINATION- Involuntary, vomiting, while

### In view of homoeopathic materia medica:

Homoeopathic materia medica contains a lot of medicines which are predominantly affecting the urinary tract. In case of urinary incontinence, some of them are frequently used and are covering above mentioned rubrics, are summarized with their indications here:

1. **Arnica Montana:** It is especially suited to cases when any injury, however remote, cause the present trouble. (Boericke W, 2016) Involuntary dribbling, with constant urging; the bladder feel full and sore; the pressure of urine hurts the patient. (Clarke JH, 1995)
2. **Causticum:** Manifests its action where progressive loss of muscular strength is there, this weakness progresses gradually into

paralysis, bladder may be involved in this. Involuntary urination when coughing, sneezing; loss of sensibility on passing urine. (Boericke W, 2016) Involuntary emission of urine in women-urine spouts while walking, coughing, etc, day and night. (Clarke JH, 1995)

3. **Natrum muriaticum**: Pain just after urinating; urine increased and involuntary when walking, coughing etc., has to wait for urination if others are present. (Boericke W, 2016) Frequent and urgent want to urinate, day and night; after micturition spasmodic contraction in abdomen, during micturition stitches in bladder and soreness in vulva. (Clarke JH, 1995)
4. **Nux vomica**: Patients leading modern, sedentary life style are the main sufferers. Irritable bladder from spasmodic sphincters; frequent calls for urine; while urinating, itching in urethra. (Boericke W, 2016) Abortive inclination to urinate, with pressure on urinary organs; painful emission of urine drop by drop. (Clarke JH, 1995)
5. **Phosphoric acid**: Frequent and profuse emission of aqueous urine, which immediately deposits a thick and white cloud. (Boericke W, 2016)
6. **Pulsatilla pratensis**: involuntary urination while coughing or passing flatus; spasmodic pain in bladder after urinating. (Boericke W, 2016) When to urinate, there is a sensation, it would gush away, and patient can scarcely wait; frequent want to urinate with painful pressure on bladder, involuntary emission of drops of urine when coughing, walking, sitting down, expelling flatus. (Clarke JH, 1995)
7. **Sepia officinalis**: Bearing down sensation especially in women with involuntary urination; pelvic organs relaxed as if everything would escape; must cross limbs to prevent protrusion or press against vulva. (Boericke W, 2016) Frequent want to urinate from pressure on bladder. (Clarke JH, 1995)
8. **Tarentula**: Pain in region of bladder; urination frequent, incontinence when laughing, coughing, etc. urine hot, thick, with much sediments. (Boericke W, 2016)

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