Incontinence
Case Report

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Abstract
The intent of this case report is to illustrate the use of Visceral Manipulation(VM) for the treatment of incontinence.

Key Words
Visceral Manipulation, Neural Manipulation, Storage Incontinence, Uterine Ablation

Introduction

Storage incontinence(SI) and increased frequency or lower urinary track symptoms (LUTS) can have many origins and has a higher prevalence in peri/post menopausal women(1). For the bladder to function optimally it must have the space to move anterior and superior as is fills, thus ensuring proper position of the bladder neck and adequate storage capacity. Pressure is also important, the internal bladder pressure must remain lower than that of the proximal urethra to maintain urine storage. An increase in abdominal pressure can disrupt this delicate system(2). Attaching superiorly to the bladder are; the peritoneum, which can transfer tension into the bladder by its strong attachment to the detrusor muscle wall or though tension on the supportive umbilical ligaments, and the uterus due to its close proximity. The pressure within the bladder must be less than that of the urethra for proper filling and storage of urine. LUTS can stem from issues beyond the urinary tract system and pelvic floor muscles. Bladder and sphincter enervation; sympathetic T9 – L2 and parasympathetic S2-S4, contain motor and sensory fibers that can refer into the surrounding musculoskeletal system. The techniques of Visceral Manipulation coupled with Listening can allow a release of restrictions, improved fluid dynamics and harmonize the related organs and tissue for greater movement, better function and reduced pain.

Method

A 54 yo active female sought treatment for LUTS. She would leak urine upon waking while en route to the toilet and voided more frequently throughout the day. This embarrassing condition interfered with many of her daily activities. She has had 15-20 years of chronic low back pain (diagnosis at that time was lumbar disc herniation). More recently she is experiencing left hip pain. She is an active member of several local organizations attending frequent meetings, her activities include biking, tri weekly yoga classes and gardening. LUTS began after two months of strenuous labor, moving rocks and soil while landscaping and prepping for a garden on a large newly acquired property on Maui. In 2004 her uterus was ablated(3), which has been implicated in LUTS and in 2009 she sustained a hip to knee hematoma in the left leg after falling off a bike onto a

metal rail. Her high blood pressure is controlled with medication.

General Listening (GL) in the initial evaluation was anterior, right, below the diaphragm. Local Listening (LL) was to the bladder. Motility was of low amplitude, restricted in expir. Extended Listening(EL) to the right medial umbilical ligament. Gentle palpation of the superficial inguinal ring produced pain and synesthesia. Over the course of four session GL changed from anterior to emotional and ultimately posterior, left below the diaphragm. Left ilia elevated in standing. Gluteal Skyline test positive with delayed engagement in left gluteals. Side lying Leg Abduction Test positive on left with atypical firing sequence.

Results

Client remained symptom free for seven days after the initial treatment that focused on the bladder, its ligaments and the kidneys. Consecutive treatments included the bladder/uterus connection, global peritoneum, obturator nerve and membrane, sacrum, coccyx , lumbar and gluteal nerves and a balancing of motility between the organs and bones of the pelvis. Through the course of treatments, urinary frequency decrease, then urge and finally stress incontinence abated. She is no longer experiencing LUTS, her hip and low back pain are greatly reduced and she feels more confident in resuming her busy schedule.

Discussion

Visceral Manipulation is an effective noninvasive treatment for LUTS.

References

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