



## For Members

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### Gotta Go, Gotta Go!

#### Women choose homeopathy over painful, invasive treatments for interstitial cystitis

by *Susanne Saltzman, MD*

**Imagine having constant or recurrent bladder pain, with an urgent need to dash to the bathroom 20 or even 30 times a day! What if these bladder symptoms dragged on for years and antibiotics or conventional medicines were not helpful?**

That's what it can be like for someone suffering with interstitial cystitis—also known as Painful Bladder Syndrome. As you can imagine, this syndrome definitely affects a person's quality of life!

#### Long-suffering women

The vast majority (90%) of Painful Bladder Syndrome sufferers are women—more than one million in the U.S. Symptoms vary from one person to the next but typically include pain or pressure in the bladder and pelvis along with a frequent, urgent need to urinate. Menstruation and vaginal intercourse often make the symptoms worse.

This syndrome is still a bit of a mystery; researchers have some clues, but the cause is unknown. Urine cultures are typically free of bacteria, which is why antibiotics don't help; although the problem may feel like an ongoing bladder infection, it's not caused by detectable bacteria. A cystoscopic exam via a tube inserted into the urethra for viewing sometimes shows a scarred, stiff, or ulcerated bladder wall. Many women with interstitial cystitis have other conditions such as fibromyalgia and irritable bowel syndrome, which is why some experts believe that this syndrome may be part of a more general inflammatory or autoimmune condition.

#### What can be done?

Conventional medical practitioners use a variety of techniques to treat interstitial cystitis, but results are mixed and some procedures are invasive or painful. Oral medicines such as pain relievers (e.g., Advil®, Motrin®) and antidepressants may help relax the bladder and block pain. Elmiron®, the only oral drug specifically approved for interstitial cystitis, is another option; 30–40% of people may get some relief after 4–6 months, but hair loss and gastrointestinal upset can be unpleasant side effects.

Stimulating nerves in the area via a TENS device (transcutaneous electrical nerve stimulation) may provide some relief after daily use for months. Distending (stretching) the bladder by inserting water or gas is another option that sometimes gives temporary improvement. Yet another procedure involves instilling the bladder with medication, usually DMSO, for 15 minutes, every week for 2–8 weeks, to decrease bladder inflammation. Surgery is a last resort in severe cases that are resistant to the above treatments, but it's not always effective and can worsen symptoms.

#### The good news!



#### Breaking Free from Chronic Bladder Problems



As a homeopathic practitioner, I have treated numerous people with interstitial cystitis through the years. Many had tried conventional treatments with poor results and/or unwanted side effects. Others sought my help to avoid invasive procedures, such as bladder distension and distillation, that were suggested by their other doctors.

Thanks to homeopathy and its safe, effective, non-toxic remedies, most of these women made complete recoveries. They now “have their lives back”—free of the pain, inconvenience, and emotional distress associated with interstitial cystitis. Below, I’ll introduce you to three of these women.

### **A separate remedy for each**

Because homeopathy is patient-specific *rather than* disease-specific, every interstitial cystitis patient that I’ve seen has required a completely different homeopathic remedy. The symptoms that led me to choose a helpful remedy were often *not* the urinary pain, urgency, and frequency that are common in most people with interstitial cystitis (unless the urinary symptoms were unusually intense or unique, as in Stacy’s case below). Instead, it was usually the constitutional remedy that fit the patient’s overall mental, emotional, and physical nature that alleviated the interstitial cystitis. In the following stories, you’ll get an idea of how uniquely individual homeopathic treatment truly is.

### **Cindy: “a total romantic”**

Cindy, age 31, came to me in November 1997 for interstitial cystitis symptoms she’d had for about a year. She suffered with chronic bladder irritation, pain after urination, and a frequent urge to urinate that was worse from alcohol, caffeinated drinks, and sexual intercourse. Her urologist and gynecologist had suggested conventional treatments, but she’d refused them because of her concern about side effects.

Cindy also complained of worsening constipation, low energy, and stress in her relationship with her boyfriend. She said she felt “excluded” and “left out” to the point where her anger towards him was “turning into rage” (although she had no thoughts of physical violence toward him or herself).

Cindy described herself as having a “reckless streak.” She had experimented with illegal drugs (cocaine and hallucinogens) at age 13 and described herself as promiscuous. “I don’t like to be alone,” she said. “I always have to be in a relationship.” She became bored easily in relationships, however, because they limited her “freedom and spontaneity.” She described herself as a “total romantic” who “loved being in love,” almost like a sexual obsession. She also complained of “tingling” sensations in her upper lip, claustrophobic fears, and difficulty sleeping on occasion.

### **P’d off?**

I pointed out to Cindy that it sounded as if her interstitial cystitis symptoms had grown worse over the past year, as her relationship with her boyfriend had deteriorated. I asked if the fact that she was “pissed off” at him had anything to do with her urinary symptoms. After a good laugh, Cindy admitted that there might be a connection. As a homeopath, I have observed that many women with urinary and/or genital symptoms have unresolved anger or grief that precipitates or exacerbates their urinary symptoms. Often, the correct homeopathic remedy will alleviate their mental-emotional suffering and restore their physical health.

In analyzing Cindy’s case, I considered her need for excitement and drama, sexual excesses and obsession, angry impulses, and tingling sensations of her lips, which led me to give her the homeopathic remedy *Platina*. I wasn’t completely confident in this prescription, however, because Cindy lacked the haughtiness, narcissicism, and subtle contemptuousness that I often find in patients who need *Platina*; also, *Platina* is not represented in the repertory rubrics that describe Cindy’s bladder symptoms (e.g., *Bladder, pain after urination; frequent urging; and frequent urination*). Since such urinary symptoms are very common for interstitial cystitis and also common to many different remedies, I did not consider them decisive factors in choosing a remedy; even so, I would have preferred to see *Platina* represented in at least some of these rubrics.

### **The road to the right remedy**

When Cindy returned a month later, she told me she’d broken up with her boyfriend because she realized that the relationship was no longer serving her. She also said that she felt somewhat

more energetic. Her urinary symptoms remained unchanged, however. When the mental-emotional state of a patient improves after taking a homeopathic remedy, it is often only a matter of time before the physical symptoms follow. Because of the improvements in Cindy's energy and confidence (as evidenced by her ability to let go of an unhealthy relationship in such a short time), I decided to "wait and see" rather than give her a remedy at this visit.

One month later, however, Cindy reported no change in her cystitis symptoms. She continued to have pain in the bladder especially after urination, as well as much urging to urinate that "drove her crazy." At this point, I decided that *Platina* was not going to help Cindy's urinary symptoms and I needed to select a different remedy. I chose *Medorrhinum* because, like *Platina*, it fit her passionate nature and sexual obsessions. In fact, *Medorrhinum* seemed to match her intensely needy state even better than *Platina*. People who need *Medorrhinum* tend to be sensitive and emotionally demonstrative, with addictive behaviors and extremes of mood. Passionate and intense, they may have volatile relationships where they vacillate between enmeshment and isolation. Genitourinary symptoms are common in those who need *Medorrhinum*, and this remedy fit Cindy's urinary symptoms, too. I gave her one dose of *Medorrhinum* 200c.\*

### Symptom-free for two years

During the following week, Cindy's cystitis worsened, and she also felt a lot of anger again at her ex-boyfriend. (A short-term worsening of symptoms after taking a homeopathic remedy—which is known as an "aggravation"—often signals that healing is taking place.) Her symptoms steadily improved after that, and one month after taking that dose of *Medorrhinum*, Cindy's urinary problems were gone! She remained symptom-free for the next two years!

In 1999, when Cindy found herself in a stressful job situation, her urinary symptoms began to return a bit so she again sought my help. In analyzing her symptoms, I decided that *Medorrhinum* still seemed to be a good match, so I gave another dose of *Medorrhinum* 200c. Once again, Cindy was symptom-free for the next two years.

When Cindy returned to my office in 2001, she was in a healthy long-term relationship with a man she intended to marry. Her sex drive, however, was stronger than her mate's (not unusual for people needing *Medorrhinum*), and she said this intimidated him. Cindy was also anxious about making a career change, and her cystitis symptoms were beginning to return. At this point, I gave her a dose of *Medorrhinum* 1M—a higher strength. Cindy called me a month later to say that her symptoms had gone away for awhile but then returned—and she mentioned that she'd been smoking marijuana just before the symptoms had returned. Since it is sometimes possible for drugs like this to antidote the effect of a homeopathic remedy, I mailed her another dose of *Medorrhinum* 1M and told her to stay completely away from experimental drugs. Cindy has remained symptom-free for 5 years!

### Maria: childhood troubles

Thirty-four-year-old Maria came to see me in July 2006 for interstitial cystitis that had been diagnosed by her doctors 8 months earlier. She complained of chronic bladder burning/irritation, a feeling of pressure in the bladder area, and a "need to pee every second of the day." She felt as if her bladder never completely emptied when she urinated. She also complained of pressure in her lower back.

Maria reported a history of recurrent bladder infections as a young child, the result of urinary reflux. (It's estimated that this condition, in which some urine flows backward toward the kidneys, is present in about 15% of children; most of them outgrow it.) Maria had been on prophylactic antibiotics for a few years during childhood until her urinary symptoms resolved.

Except for one episode of "honeymoon cystitis" five years before coming to see me, Maria had had no urinary problems—until she began potty training her daughter a year ago. She said she developed an irrational fear that her daughter would develop urinary reflux and infections, too—even though her daughter was asymptomatic. Soon, Maria began to notice increasing pain and pressure in her bladder area; urine cultures and other tests were all negative, which led to



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the diagnosis of interstitial cystitis.

Maria found the cystitis to be physically and emotionally draining. Her bladder symptoms made sex painful, and this lowered her libido. She enjoyed her work as a graphic designer and had a good marriage. She seemed very competent and confident in general, but when I asked about her fears, she revealed some very interesting things.

### **Fear of rape & robbers**

Maria had a strong fear of being raped; the fear started at age 13, and at the time, she would often sleep in her parent's bedroom because of it. She was hypervigilant whenever she walked down a street alone. She was intensely afraid of robbers and of being killed. She had recurrent dreams of being violated (in fact, she said that upon first hearing her diagnosis of interstitial cystitis, she "felt violated"). Maria described an intense physical reaction or a feeling of terror whenever she witnessed any kind of violence, whether on TV or in person. She remembered being terrified of the dark as a child. Even now, when her husband was away on business trips, Maria slept with a nightlight on.

Although Maria had no memory of sexual abuse or of being violated in any way, her father was a child Holocaust survivor who was plagued with depression as a result of his experience. Maria learned about the Holocaust as a teenager, and it deeply disturbed her.

### **A remedy for fear**

Maria's story made me think of *Stramonium*, a homeopathic remedy that I often use for children or adults who have a strong fear of violence or an inclination to violence in any form. Children who benefit from *Stramonium* will often be intensely afraid of the dark, of death (e.g., by choking, drowning, etc.), or of being killed or mutilated. These fears will typically develop after seeing something frightening on TV or hearing of a child's death. Men needing *Stramonium* will often have a history of violence or outbursts of rage, while women will express fears of being alone at night, of crime, of violence, and of being raped. What is remarkable about *Stramonium*, in my experience, is its ability to completely dissolve these fears (in those for whom it's indicated), often restoring physical health as well.

Checking the homeopathic repertory, I noted that *Stramonium* also fit Maria's cystitis symptoms (it appeared in the *Bladder* rubrics: *urging to urinate*, *morbid desire*, *frequent*; *urination*, *frequent*; *urination*, *incomplete*; and *retention*). But most importantly, *Stramonium*'s indications matched Maria's central underlying disturbance—her intense reaction to violence and her fear of the dark, of crime, and of being raped. I gave Maria one dose of *Stramonium* 30c.

### **Steady improvement**

At a six-week follow-up visit, Maria told me that her urinary symptoms had initially been much worse for a few days after taking *Stramonium*. She also experienced "complete exhaustion" and very violent dreams for a week. But after that, she improved steadily to the point where she was experiencing bladder discomfort only in the evenings instead of round-the-clock. She also felt much better emotionally, more relaxed, and without "that panic feeling" she'd had all the time. She'd had no nightmares in the past four weeks. She still could not tolerate watching violence on TV. At this point, I decided to wait rather than give her a remedy, since she was improving steadily.

Maria came back to see me eight months later. She reported feeling much calmer now, and she'd not had one violent dream in that whole time. When I asked how she felt about robbers she replied, "Oh, I haven't even thought about it." She'd had no bladder discomfort or urinary frequency either—until just a few days earlier when some of her cystitis symptoms started to return slightly. She complained of being under stress at work for the last few weeks and of feeling increasingly fatigued. It appeared that the *Stramonium* had acted well for the past 8 months, but its effects were wearing off, perhaps under the stress of her recent job difficulties, so I decided to give her a higher dose—*Stramonium* 200c.

Maria was again symptom-free for almost a year before she returned with a worsening of her interstitial cystitis symptoms. One month earlier, she'd had a urinary tract infection and taken antibiotics; this was during the first trimester of her second pregnancy. Although tests showed that the infection was gone, she still complained of intense burning and pressure in the bladder area with constant urging to urinate. And once again, she was experiencing violent dreams of being murdered and of people being mutilated. At this point, I gave her a second dose of

*Stramonium* 200c, and she has remained free of cystitis symptoms for the past year. She is doing well since the birth of her baby, and she continues to refer many of her friends and family members to me for homeopathic treatment.

### Stacy: genitourinary pain

Stacy, age 43, came to see me in July 2000 for help with interstitial cystitis along with vulvodynia—which is chronic pain, burning, soreness, itching, or stinging in the vulvar/vaginal area. These symptoms had begun after the birth of her only child three years earlier. Stacy had undergone infertility treatments involving hormones and medications for two years prior to getting pregnant. She complained of constant pressure and burning in the bladder area with pain at the end of urination, along with intermittent burning and itching in the genital area.

Stacy told me that she was raised in a strict Catholic home where she felt “smothered” and “suppressed.” She believed that this early home environment was partially responsible for her promiscuous behavior in college. She felt very guilty about that behavior and was torn between her sexual desires and her religious beliefs/upbringing.

Stacy had fears of death and getting cancer; her mom had died of breast cancer one year earlier. She also had a fear of rejection and was very sensitive to the smallest criticisms her husband might make. She complained of a generalized anxiety, which was much worse before her menstrual period (as if “I’m crawling out of my skin”). She was easily overwhelmed by housework and taking care of her family.

I treated Stacy for a number of years, giving her various homeopathic remedies over that time. Each remedy helped her to a certain extent, but none completely eradicated her vulvodynia/interstitial cystitis symptoms or her anxiety. While this was not the ideal result, Stacy continued to pursue homeopathic treatment because she was grateful for even small improvements. In challenging cases like this, I have found that if people are willing to stick with homeopathy, they will usually find the cure they seek.

### Tenth visit holds the key

It wasn’t until three years into treatment at Stacy’s tenth visit, that I finally found her *simillimum*—the constitutional remedy that would give her the greatest help overall. In September 2003, Stacy came for a follow-up visit. She reported that her urinary urgency and frequency continued, though with less intensity than when I’d first seen her. She still complained of vaginal burning and itching that was worse before and during her period, and after intercourse. Her anxiety through the years was much improved, though she still had occasional flare-ups (*Ignatia* had helped with this).

But on this visit, she reported some new information: in addition to the usual burning, the pain in her bladder after urination felt “like a spasm,” a term Stacy had never used before. She also described feeling a need for protection: “I just want to be taken care of... and comforted.” She felt “so alone” when she experienced any cystitis or genital pain, almost like “despair” or “abandonment.” She said she kept her home very neat and tidy and felt extremely anxious if things were out of place. She felt a tremendous pressure to get things done and worried a lot about her family. She also admitted for the first time that she felt intensely jealous if her husband showed any attention towards other women even though she trusted him implicitly.

I repertorized the following symptoms:  
*Bladder, convulsions, spasms after urination; Female, pain, burning, vagina; Mind, fastidious; Mind, ailments from jealousy; Mind, full of cares and worries about domestic affairs; and*



Total Rubrics	Psills.	Nux-u.	Phos.	Sep.	Igno.	Ars.	Nat-m.	Kali-c.	Apis	Arg-n.	Carc.	Graph.	Lyc.	Nit-ac.	Sulph.	Caust-s.
URINATION, AFTER: ... (5)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
MIND, FASTIDIOUS (34)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
CARES, worries; full of: ... (3)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
PAIN, burning; vagina (44)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

*Mind, general fear of being alone.*

The remedy that came up strongly was *Pulsatilla*. I use this remedy very frequently in my practice, yet I did not initially recognize that it fit Stacy's symptoms. The typical woman or man who benefits from *Pulsatilla* constitutionally is soft, gentle, emotional, and dependent. Family is central in their lives, and they need strong support from others. Stacy initially appeared to be more independent, rebellious, and self-assured than the typical *Pulsatilla* patient. Although she did have a number of hormonal problems that fit *Pulsatilla* (e.g., infertility issues and onset of interstitial cystitis after pregnancy), it wasn't until years into treatment when she began to open up about her deeper insecurities concerning her husband, her need for protection, and her fears of abandonment that the correct remedy revealed itself to me. I asked Stacy to take a daily dose of *Pulsatilla* 12c for a few weeks. (I suggested this daily lower dose rather than a single higher dose because she was having a lot of dental work that month, which can sometimes weaken the action of a single dose of a constitutional homeopathic remedy.)

Stacy came back three months later. "I can't believe how much better I am. I feel great!" she exclaimed. The *Pulsatilla* had helped her on every level. The vulvodynia and interstitial cystitis symptoms that she'd suffered with for six years had completely disappeared! She reported that her relationship with her husband was much improved, and they were having sex more often now that she was pain-free. Emotionally, she was also much better stating, "I haven't felt this calm and peaceful in 20 years!"

On her own, she had obtained some *Pulsatilla* 30c from the health food store that she took on occasion if she felt any slight hint of urinary discomfort. She noted, however, that in just the past few days she'd felt some small signs of her old anxiety returning.

I decided the *Pulsatilla* had helped her greatly but perhaps she could now use a stronger dose since her symptoms were returning a bit, so I gave her a dose of *Pulsatilla* 200c. That was more than four years ago, and Stacy has been free of anxiety, interstitial cystitis, and vulvodynia symptoms ever since.

**Deep healing**

In my 16 years of practicing medicine, I have never known any treatment to be as deeply healing and as remarkably effective as the correct homeopathic remedy. The change the *simillimum* produces in a patient's mental/emotional and physical states is profound—as you can see in the cases of Cindy, Maria, and Stacy. Along with a relief of their troubling symptoms, they experienced an overall improvement in their health and their outlooks on life.

Though finding this *simillimum* is not always easy, it is well worth the effort. To be able to alleviate chronic suffering *without doing harm* by using such a simple, gentle, yet effective method as homeopathy is an immensely gratifying experience for the practitioner—and a miracle for the patient. It's the way medicine was intended to be!

\* For a fuller discussion of the indications for *Medorrhinum* and other remedies, I suggest Ananda Zaren's *Core Elements of the Materia Medica of the Mind* volumes I and II. Ananda was a brilliant homeopath and one of my finest teachers. She had a keen intuitive sense of people and a profound knowledge of materia medica. Her recent death is a real loss to the homeopathic community.

**ABOUT THE AUTHOR**

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