

Cystitis Patients Needn't Cry

by: William Wong, N.D., Ph.D., Member World Sports Medicine Hall of Fame

Up to recent years there was no hope of recovery for the pain and incapacitation of Interstitial Cystitis (IC). For those not familiar with IC it's almost exclusively a woman's disease. It starts with a bladder infection which in and of itself is dreadfully painful. The infection may become "sub clinical" in other words you think it's gone but it has really just been weakened but is still hanging around. The infection can travel to the kidneys, it can burrow deep into the lining of the bladder eating away at the deep tissues. The low level infection causes inflammation which itself creates fibrosis. Inflammation is the reason for 95% of all pain.

Where do these bladder infections start, usually in infancy or early childhood from wiping in the wrong direction. Wrong direction? Men may ask this and even some gals don't know that girls and women are supposed to wipe the back sides from front to back. Wiping from back to front can bring bacteria from the anus or the fecal material being wiped and introduce it into the urethra (urinary tube) where the bugs can crawl up into the bladder and kidneys producing painful infections. With babies, they have no way to tell mom and dad that they have a bladder infection so the infection usually grows deep and stays getting better and worse on and off for years. By the time these infections are found they usually have dug deeply into the walls of the bladder creating damage and scar tissue from the damage.

Another common way of getting a bladder infection is lack of hygiene. Any woman who gets a bladder infection after sexual intercourse had better take herself and her lover into the shower before having sex from now on and make sure both their crotches and back sides are clean and sparkly. The pelvic contact and grinding during intercourse is a perfect way of pushing bacteria up a woman's urethra. Not that men can't get bladder infections but the bugs have a much longer way to travel and they usually get flushed out by the urine before they get to the bladder. Which brings me to another step in the prevention of bladder infections, go take a pee after each bout of intercourse!

But back to IC. Dr. April Hernandez of Atlanta, Georgia recommended a natural treatment plan for an IC patient in her old hometown of Toronto and then followed the results that patient had. In an extensive case history on the project Dr. Hernandez relates that the patient she followed began having trouble after the birth of her second child and had suffered with IC for the 5 years previous. She had a catheter inserted after giving birth in order to be able to urinate and due to short staffing in the hospital the urine bag was not changed frequently and it would often be left in while full causing the urine to back up into the bladder. In patients whose bags are frequently changed bacterial infections are a concern.

At first the patient thought the pain in her sides was normal, due to an inexperienced doc attending her, the signs of a kidney infection were misdiagnosed as toxic shock. When another physician checked for kidney stones the kidney infection was found. The

infection ran the length of the urinary tract and soon settled into the bladder and after some time the doctor diagnosed IC.

The patient's pain was intense and dominated her life to the point where she and her husband had not engaged in sexual relations in over a year, and this had drawn the couple apart. She also avoided contact with friends and was becoming reclusive. Her immune system had been run down by the lingering infection and seasonal colds took their toll. Exercise with the pain had been out of the question. Dr. Hernandez, familiar with European studies on their systemic enzyme blends against IC convinced the patient to use the enzyme product noted in the research against the inflammation, tissue damage and scar tissue of her IC. After a short period of improvement the patient's pain, dysfunction and symptoms returned. Dr. Hernandez then switched the patient to Vitalzym.

Within days of beginning Vitalzym the patient had a reduction in her pain. Lessening more and more as the weeks progressed. The mucous coating of the urinary bladder became more 'flexible', the layers of mucosa were healing and the patient was capable of holding a greater volume of urine. This demonstrated that the mucosa had healed to the point of producing the mucous needed to protect the lining of the organ from the acid of the urine. The acidic urine could no longer infiltrate into the underlying muscle and irritate the sensory nerve endings (the mechanism of pain in IC).

After close to two years on Vitalzym systemic enzyme, Dr. Hernandez reports the patient is still mostly pain free and fully functional. Her urinary processes are normal, though the infection of IC remains. The immune system has strengthened to the point where winter colds are no longer a concern and she credits the Vitalzym for saving her marriage.

Interstitial Cystitis patients are given no hope of relief by conventional therapy. No hope to ease the pain, no hope for normal urinary function, no hope for a normal "everyday" life. Pain will be their lot until the day they die, and before that disappointment will ruin a good bit of their lives. Systemic enzymes can now provide hope. With over 5 decades of medical use in Central Europe and Japan and over 200 peer reviewed studies, the mechanism of action of the proteolytic enzymes as therapeutic agents is well understood. And, this mechanism of action fits well with the needs to protect and heal tissue, reduce inflammation and lyse away at fibrosis as is needed by chronic UTI's and IC patients.

Resources:

Dr. Hernandez can be contacted at dr.april@hotmail.com