

Urological Problems in Pregnancy and Pelvic Floor Injuries: How Enzyme Therapy can help.

By: Dr. April Hernandez, DC

At the age of 28, I gave birth to my first son. I was very healthy and active during the pregnancy. I prided myself on how well I kept up with regular exercises, good nutrition and a positive mental outlook. Being a doctor, I read everything I needed to know about childbirth and felt very well prepared for my home birth. After the birth, I realized there were many things the books did not cover and many subjects deemed "taboo" to speak about. These subjects were urinary and fecal incontinence (loss of control of the bowels), loss of pelvic floor tone, perineum swelling and breast engorgement. I had watched hundreds of baby stories and Discovery health shows and not one mention of the fact that the damage path would resemble an F-5 twister.

During pregnancy, the urinary tract undergoes extensive anatomical and physiological changes. These changes can result in many symptoms and pathological conditions that may affect the mother and fetus. Most women notice an increased need to urinate. This is a result of the weight placed on the bladder by the growing placenta and fetus, as well as numerous circulatory changes including the increased workload placed on the kidneys. The mother's body must deal with a doubling in blood volume, hormonal water gain and extra toxins in the blood from not only the products of metabolism from the fetus, but from the increased metabolic changes from the mother. Some women notice increased urinary tract infections as well as yeast infections.

During delivery, childbirth may result in urinary tract damage due to excessive tearing anywhere along the birth canal, damage to the bladder neck which lies above the pubic bone (the infamous site of crowning), episiotomy (incision to make the vaginal opening wider), forcep delivery (which can be traumatic to both the mother and fetus) and any other excessive force applied to the mother such as manual turning of the baby at the time of shoulder birth or breech turning.

After delivery, there can be a significant amount of swelling and peripheral nerve damage which may hinder the woman's ability to urinate, urinate completely or even sense the need to urinate. Tears can become infected, and urinary tract infections can spread to anywhere in the pelvis. Tearing may require stitches which can become infected and can result in scarring, loss of sensation or be a chronic source of pain.

Urinary incontinence includes not only the effects of pelvic floor trauma on urethrovesical mobility under stress, but also a deficiency in urethral resistance caused by drugs, such as prostaglandins. Prostaglandins, by definition is a class of physiologically active substances present in many tissues, with effects such as vasodilation, vasoconstriction, and uterine stimulation. Prostaglandins play a role in initiation of labor

and are produced by the body naturally. In induced labor, Prostaglandins may be administered in excess to physiological norm, creating an excess of inflammation in the pelvic region.

Finally, breast engorgement and mastitis (inflammation of the milk ducts) are all too common in first pregnancies because women are simply not fully educated on breast feeding. In order for the milk to come in (about 48 hours after birth), blood vessels must swell and become leaky in order to deliver substances as well as fluids to the milk ducts. Most women will tell you that their breasts become painful and swollen, just prior to milk production. Engorgement is excessive swelling of the breast and can sometimes create plugged milk ducts. Plugged milk ducts are more painful than childbirth itself and may result in bursting of the milk duct which would require a hospital visit. Mastitis is inflammation of a milk duct and can sometimes lead to infection which in very unfortunate cases can result in surgical removal of the breast.

So what can a woman do to prevent all of the above complications as a result of varying degrees of inflammation?

Systemic oral Enzymes.

After the birth of my first son, I had "All of the above" I was told that this is the consequence of childbirth, I would never be normal again and just do Keigle exercises.

Was I to accept that being a marathon runner, I would forever have to wear Depends or be forced to seek out various bushes and trees on a wooded trail? In researching the subject, I came across literature on systemic enzymes and sports injuries, and as far as I am concerned, this was a sports injury. I began taking a popular enzyme but it had only little effect on my condition until I began taking 30-40 tablets a day. It became very expensive. Two and one half years after the birth of my son, I was introduced to Vitalzym. I began taking 10 capsules per day and after six weeks, I stopped urinating when I ran. I continued taking the enzyme until I became pregnant with my second child. I was afraid to take anything during pregnancy, but researching the fact that the enzyme was all natural, I decided to take it until my 8th month. I had no swelling, no varicose veins, no urinary infections or yeast infections and ran the whole pregnancy. I decided to take myself off the enzyme in the last month to allow my natural prostglandins to rise, as well as allowing for the natural clotting mechanism to occur post partum because enzymes thin the blood naturally. After the birth, I was able to urinate almost immediately and when the midwife inspected me after the delivery of the placenta, she commented on how I did not even look like I gave birth. There was no swelling and no tearing. My stomach was flat within a few days as well. All of the problems I had with the first pregnancy, were non existent with this one. I figured I would tear along the area where there was scar tissue from the first, but the midwife could not find the scar from the first. The enzyme must have taken care of that too!

My breasts became engorged 48 hours later and I developed a few plugged ducts. I fed, pumped used cabbage and even succumbed to Ibuprophen which is horrible for the baby. I was in so much pain but I wanted to wait until 5 days after birth so I could

properly heal. On the fifth day I took 5 capsules 3 times per day and within 48 hours the inflammation and plugged ducts were gone, not to mention I was producing nearly 32 oz of milk in a 24 hour period. I am the extreme case for inflammation and If I had not had the enzyme, I may very well have been one of those hospital cases. The enzyme is much safer for me and my baby than drugs. I also noticed that my baby did not develop any skin conditions such as cradle cap or ecema. She also did not develop any type of digestive disorders or excessive gas.

As for myself, 10 days after birth I went for a run, with little incontinence. Now, four weeks after the birth, the incontinence is still going away, and my pelvic floor muscles are strengthening a little each day.

Although experiments would never allow studies on pregnant humans, use of systemic oral enzymes for pregnancy and post-partum complications may reveal some interesting uses.

If enzymes decline at or around age 27, then perhaps loading up on enzymes before an intended later in life pregnancy may reduce some age-related complications. See Oct. 2003 Newsletter on aging.

Enzymes may repair damage to the body from previous injuries as well as strengthen existing systems such as organs and blood vessels. This may prevent varicose veins, hemorrhoids, hernias, larger degree tears, organ damage and pre-eclamsia through mechanisms of reducing kidney fibrosis. See Sept 2003 newsletter.

Secondary ramifications are improved psychological aspects because less pain, damage to the body and a quicker recovery and help a woman feel like her old self. With lack of sleep and hormonal fluctuations, this may help reduce some of the effects of post partum depression.

Vitalzym and its anti-inflammatory modulation may help increase womens awareness of these taboo problems and help other women to seek alternatives and not just to accept this as the norm, as I was instructed.

If you would like to discuss this this or any other Pregnancy related concern with Dr. Hernandez, please contact her via email at: drapril@bellsouth.net