

Neurogenic Bladder, Bladder Neck Syndrome & Chinese Medicine

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Neurogenic bladder refers to a condition wherein the muscles and nerves of the urinary system which work together to hold the urine in the bladder and then release it at the appropriate time do not work properly. Any of the following problems may be associated with a neurogenic bladder: leakage of urine, retention of urine, damage to the tiny blood vessels in the kidney, and infection of the bladder or ureters. According to Western medicine, neurogenic bladder may be caused by diabetes, acute infections, accidents that cause trauma to the brain or spinal cord, genetic nerve problems, or heavy metal poisoning. The most common symptoms of urinary tract infection and/or kidney stones include chills, shivering, fever, urinary incontinence, small urine volume during voiding, urinary frequency and urgency, dribbling urine, and loss of sensation of bladder fullness. When neurogenic bladder is suspected, both the nervous system (including the brain) and the bladder itself are examined. In addition to a complete medical history and physical examination, diagnostic procedures for neurogenic bladder may include the following: x-rays of the skull and spine, electroencephalogram (EEG), imaging tests of the bladder and ureters, and tests that involve filling the bladder to see how much it can hold and checking to see if the bladder empties completely. Western medical treatment for neurogenic bladder varies depending on age, overall health, and medical history, severity of symptoms, cause of the nerve damage, type of voiding dysfunction that results, tolerance for specific medications, procedures, or therapies, expectations for the course of the condition, and the patient's opinion about or preference for these. Such treatment may include insertion of a catheter to empty the bladder at regular intervals, prophylactic antibiotic therapy to reduce the incidence of infection, and/or placement of an artificial sphincter around the neck of the bladder that can be inflated

to prevent urinary incontinence and deflated when it is time to empty the bladder.

Because the causes of neurogenic bladder are complicated, this condition easily recurs, and its Western medical treatment is problematic, Chinese medicine may be used as a complement or alternative. Recently, Gan Guo-dong and Huang Qiu-xing published a clinical audit of a Chinese medical protocol for the treatment of what they referred to as "urinary bladder neck syndrome."¹ According to Gan and Huang, this condition was given this name by Seng in 1949. However, from the description of they give of this condition, it appears to include the symptoms of neurogenic bladder. Because *The Merck Manual* does not give urinary bladder neck syndrome as a current Western medical diagnostic category nor have I been able to find this term on the World Wide Web, I have chosen to report on this clinical audit under the heading of neurogenic bladder.² According to Gan and Huang, urinary bladder neck syndrome refers to either thickening or spasm of the neck of the urinary bladder. They say that this condition mostly occurs in middle-aged women and that it is definitely associated with psychological factors. Symptoms of urinary bladder neck syndrome as described by Gan and Huang include urinary frequency, urgency, and pain, hard to describe lower abdominal discomfort. This condition is categorized as *lin zheng* or strangury condition in traditional Chinese medicine.

Cohort description:

There were five men and 26 women in this study, all of whom were 23-50 years of age and all of whom had suffered for six months to six years with this condition. Symptoms included urinary frequency, urgency, and pain or a hard to describe discomfort in the lower abdomen. Urine examination was normal as was the gynecological examination in the female patients. Examination of the prostate in the male patients was also normal. No bacteria could be cultured, and patients with kidney stones and tuberculosis were excluded. All the patients had been treated previously with antibiotics to no effect.

Treatment method:

Xiao Chai Hu Tang with added flavors consisted of: Radix Bupleuri (*Chai Hu*), 20g, Radix Scutellariae Baicalensis (*Huang Qin*), 10g, Radix Codonopsis Pilosulae (*Dang Shen*), 12g, Radix Glycyrrhizae (*Gan Cao*), 9g, Sclerotium Poriae Cocos (*Fu Ling*) and processed Rhizoma Pinelliae Ternatae (*Ban Xia*), 15g each, uncooked Rhizoma Zingiberis (*Sheng Jiang*), 3 slices, and Fructus Zizyphi Jujubae (*Da Zao*), 5 pieces. One *ji* of these medicinals was decocted in water and administered in two divided doses per day, with 10 days equaling one course of treatment. If there was psychoemotional depression, 10 grams of Radix Angelicae Sinensis (*Dang Gui*), nine grams of Pericarpium Citri Reticulatae (*Chen Pi*), and five grams of Herba Menthae Haplocalycis (*Bo He*) were added. If the condition was caused by external contraction and the condition was severe, *Da Zao* were removed and 10 grams of Radix Ledebouriellae Divaricatae (*Fang Feng*) and nine grams of Ramulus Cinnamomi Cassiae (*Gui Zhi*) were added. If there was accompanying lower abdominal pain, *Huang Qin* was reduced to five grams and 15 grams of Radix Albus Paeoniae Lactiflorae (*Bai Shao*) and 10 grams of Radix Ledebouriellae Divaricatae (*Fang Feng*) were added. If there was accompanying low back pain and lack of strength, 15 grams of Radix Achyranthis Bidentatae (*Niu Xi*) and 12 grams of Radix Astragali Membranacei (*Huang Qi*) were added. If there was oral thirst and insomnia, 15 grams of Radix Polygalae Tenuifoliae (*Yuan Zhi*), Tuber Ophiopogonis Japonici (*Mai Men Dong*), and Caulis Polygoni Multiflori (*Ye Jiao Teng*) were added.

Treatment outcomes:

Cure was defined as complete disappearance of the symptoms of urinary frequency, urgency, and pain and/or lower abdominal discomfort with no recurrence within half a year. Improvement meant that the foregoing symptoms markedly decreased. However, there was recurrence within half a year. No effect meant that there was no improvement after the above-described treatment. Based on these criteria, 19 patients were judged cured, nine improved, and three got no effect. Thus the total amelioration rate was 90.3%. The shortest time to cure was seven days and the longest was 40 days.

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Discussion:

Gan and Huang say that the disease mechanisms of this condition are either psychological dysregulation or evils entering the shao yang. In either case, the qi mechanism becomes dysregulated and the free flow and regulation of the division or separation of water of the three burners is disturbed. Because this results in the loss of normalcy of the bladder qi, the urination becomes inhibited or frequent, urgent, choppy, and painful. While Gan and Huang emphasize the presence of alternating cold and heat (*i.e.*, fever and chills) and, therefore, a shao yang aspect disease indicating the choice of *Xiao Chai Hu Tang* as the ruling or guiding prescription, it is also useful to remember that this formula also harmonizes the liver and spleen at the same time as it supplements the qi and transforms dampness. While some patients may exhibit fever and chills and other symptoms of acute urinary tract infection, many others with neurogenic bladder do not. To my mind, the beauty of choosing *Xiao Chai Hu Tang* as the guiding formula in this condition is that it treats both an acute condition manifesting shao yang symptoms as well as chronic conditions associated with a liver-spleen disharmony.

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For more information on the Chinese medical treatment of urinary disorders, see Sionneau & Lu's *The Treatment of Disease in TCM, Vol. 6: Diseases of the Urogenital System & Proctology* available from Blue Poppy Press.

Endnotes:

1. Gan Guo-dong & Huang Qiu-xing, "The Treatment of 30 Cases of Urinary Bladder Neck Syndrome with *Xiao Chai Hu Tang* (Minor Bupleurum Decoction)," *Xin Zhong Yi (New Chinese Medicine)*, #8, 2001, p. 51-52
2. The choice of the term "urinary bladder neck syndrome" may reflect any of three factors: 1) the Chinese tendency to somatize rather than psychologize symptoms, 2) a preference for Chinese over Western authors and sources, and/or 3) ignorance of current Western medical standards of diagnosis in the U.S. and, presumably, other Western countries.

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