

How urinary incontinence typically manifests and why pelvic floor(kegel) exercises the wrong treatment strategy

The paradox is, when a prolapse happens and stress incontinence begins, a woman is so often completely disconnected from her body and its language. It always talks to us via sensation. Once a woman begins the practice of working back to wholeness, there is no woman more greatly aware and sensitive to her body's needs, than a woman with prolapse or incontinence.

Urinary incontinence is said to be something that 'just happens' after child birth, as the pelvic floor muscles weaken, or as we get older. It is almost brushed off as something that is inevitable for us as we go through life. We are taught by countless health care professionals that we must strengthen and make the pelvic floor muscles thicker, tighter, stronger to contain the organs within the pelvic basin. We are led to believe that the weight of the abdominal organs rests entirely on the pelvic floor.

After my prolapse let go like a sling shot, (and it happened in an instant), actually it didn't, it was after years of warning bells, it's just the last 'drop' was instant. I took myself off to a pelvic floor physio. As a yoga teacher I would like to have thought my pelvic floor muscles were tight and strong so to protect my organs and keep them in place. As I had been taught by countless teachers, and medical professionals. At this moment, I felt I had failed miserably and clearly was not a good advertisement for yoga, a yoga teacher with weak pelvic floor muscles!

I was completely relieved AND perplexed when the physio said to me, "Your pelvic floor muscles are lovely and strong, you could crack a nut with those! There is absolutely no problem with them at all". I remember thinking, "then if my pelvic floor muscles are super strong then how can this happen?" I realized no matter how strong they were they would not prevent things from 'shifting and moving down' from above!

And then the inquiry for me started. If so many women are also suffering from some form of incontinence or prolapse, as I saw in classes, when their pelvic floor is meant to be so strong, then what on earth is happening?

Even though at the very beginning I felt traumatized, broken, and went so far as to feeling completely embarrassed in front of my husband, I didn't want him to touch me and love making was now embarrassing, awkward and uncomfortable. This was my perception, as he is the ultimate gentle man and gentleman and loves me no matter what. I now however, see that my stress incontinence and prolapse ended up being a gift.

I had been sucking and tucking for years!

In fact, I prided myself on being able to keep my belly sucked in all day! With years of standing this way, the urethral vesical angle had been lost. A huge factor for stress incontinence.

In a class, workshop, or one on one, I explain that in order to work with, relieve and reverse the symptoms of incontinence we must stop focusing on what we are taught to be just the pelvic floor. I now teach it is our posture that also helps to restore the urethral vesical angle. We are not segmented into 'parts'. We must start looking at the whole. From head to toe.

Let's go back to the beginning.

A baby girl is born with the spine completely straight, the bladder urethra, uterus vagina and sigmoid colon and rectum form long straight lines through a little funnel shaped abdominal pelvic space. She does actually have a muscular pelvic floor at this time which sits directly opposite her respiratory diaphragm. Her organs were in line with their channels so urine simply drained from bladder to urethra.

Once she is sitting she has beautiful external hip rotation and when she learns to crawl she internally rotates her hips. Her organs moved forward toward the abdominal wall. By 3 years of age she has developed lower lumbar curvature of her lumbar spine. Her bladder now forms a sharp right angle with her urethra acting to stop the flow of urine.

Our bladder is directly supported by the pubic bones and the lower belly. Our pubic bones are beneath us, not in front like we are led to believe. The pubic mound is not the pubic bones but the mons pubis, an area where so many goodies, muscle attachments, fascia and blood vessels are.

The sharp right angle in-between the bladder and urethra acts like a kink in a garden hose, this is one of the major factors in the urinary continence system. When our lumbar curve is lost so is the urethral vesical angle, the kink in the garden hose is lost. So, our continence is compromised.

All three pelvic organs bend a full 90 degrees away from their channels to be supported by the pubic bones and lower abdominal wall. The pelvic wall at the back of the body holds these channels in place, while the organs are pushed down and forward against the lower belly by the forces of intra-abdominal pressure. Once a woman feels this dynamic, it feels so natural, she really then wonders, how could she not have known this right from the start!!

With our modern clothing, and what we are taught and told from all areas of our lives, we gradually begin to lose our lumbar curvature, and external hip rotation; we reverse our breathing process, in order to feel skinnier, we suck the belly and tuck the butt, as also taught by so many popular exercise regimes. We no longer sit around the camp fire and weave baskets with our legs crossed. We now sit long hours in cars or at the computer. We are more sedentary as a society and practice only being the 'weekend' athlete.

There are three fundamental alignments of the spine and pelvis that must be maintained if we are to remain continent throughout our lives.

External hip rotation – This is one aspect I see in women on a daily basis, where they have lost but all of their ability to externally rotate their hips. We are born with this suppleness, to naturally externally rotate through the hips, and yet it often the first thing to go. Too often we lose the range of motion of many of the soft tissues that surround the bladder and urethra.

Because so many women are so tight in the hips and pelvis, sessions are started with releasing these soft tissues to the best of their ability so at least the woman is then able to do some of the exercises. Because I am teaching a woman to treat herself, we begin on a myo-fascial ball, and we release many of the soft tissue and muscles throughout her body that are restricting her. (These, when released, can even help relieve painful intercourse). Stretching when there are active trigger points can only make the symptoms worse and stretching more challenging. That is why a stretch of a tight muscle can feel so temporary. When release begins to happen, it makes it easier to stand in a whole woman posture and to remain there. As the body adjusts to the 'new', but inherent alignment, more release will happen and the body starts to remember and calibrate once again restoring equilibrium.

Internal hip rotation - This is so often forgotten about, and is equally important, as it tenses the pelvic wall and supports the external urethral sphincter. Such an important factor in urinary continence. It tightens everything up. As the feet are our foundation for everything, having strong and supple feet, walking with toes straight ahead also helps to support these structures.

In women who have little internal and external rotation, urinary incontinence is already often a part of their life.

Natural wide radius lumbar-curve - The lumbar curve maintains a proper bladder-urethra angle and tightens the whole urinary continence system. The result of this nutation is a self-locking system, a self-locking bony pelvis, vagina and urethra.

These three skeletal alignments are responsible for creating urinary continence, not only during our early childhood, but to maintain continence throughout our life. This posture and alignment supports the urethra at the lowest part of the pubic wall tight behind the pubic bones. It squeezes and closes the muscles and outlets, almost a sense and feeling like elevator doors. Incontinence does not need to be just expected as we age.

We are so often taught that it is intra-abdominal pressure that is the enemy of female pelvic organ support when in fact it's what shapes the spine and positions the organs in the first place. It is undeniable, when trying to understand, feel and know the female continence system. The female urinary continence system is evidenced in our development as human beings.

I love nothing better than to see the 'Aha' moment in a woman's eyes when she understands how she actually developed as a woman, where it all just makes sense and how she is now able to take the necessary steps to restore her natural alignment and therefore her urinary continence system. We see natural alignment in indigenous people, young women and girls whose posture is effortless, strong and elegant. Not only is the female natural posture beautiful, it is completely functional. It is evidenced in these indigenous women who have not been affected by the pressures of western culture and modern society. They do not suck and tuck. They simply live in the posture of the whole woman, from head to toe.

This is often where we realize that we have been unknowingly contributing to these factors ourselves, and this is where I often see the guilt and disappointment in themselves and the question arises, "how, could I not have known?" My answer to them is, "if we unknowingly could have contributed to this, then imagine what we can NOW do, knowing what we know"! We can consciously change it, we can improve and really get to know our bodies. So often, I feel, people walk alongside their bodies and not really reside in them. This is the ultimate opportunity to really understand the language of our feminine body and step into its wisdom.

In regards to pelvic floor (kegels) exercises I explain the following.

If we are standing in whole woman posture there is natural nutation, this flattens the organ channels themselves. The urethra is flattened and we instantly have the angle. The kink in the garden hose!

They don't close in a circular motion like we are led to believe. Our pelvis is not a bowl. When we are in whole woman posture, there is a lifting of the tail bone. This is the 'tightening up', (the feeling of the closing of elevator doors).

When we do pelvic floor exercises, there is a slight counter nutation of the pelvis, a slight tucking of the tail bone. It is subtle but it is there. It simply does not make sense. This motion does not allow the pelvic organs to move forward into the low abdominal wall, however, continues to move the organs back. Back in line with their outlets, further destabilizing the pelvic organs. So, incontinence is

not actually improved. Once you tune into the body's movement in pelvic floor exercises you can feel them being counter-productive; it is going against what the body wants to do naturally.

Mother nature would never have intended us to have a 'soft' pelvic floor that needed tightening and strengthening! That everything rested upon. If they needed tightening so much, how on earth do we pregnant mothers keep that little baby inside without it falling out! You don't have to venture too far into an David Attenborough documentary to see just how perfect mother nature is. Every creature including us, is perfectly designed. It is us who has moved away from this perfection!

'Pelvic rocks' make far more sense, as they are really accentuating what our body is trying to do when it is breathing.

Kegels can sadly contribute to this epidemic. They in no way help to regain the urethra-bladder angle. This is the most important factor in returning to continence. Restoring the urethra-bladder angle.

The Kegels were designed by a man, yoga was formed by men for men. Pilates was designed by a man. Most of gynaecology is run by men. Don't get me wrong! I love men! I am married to a gorgeous man! But it is impossible for him to understand how these body parts feel within a woman. I feel deeply saddened that we have blindly followed this path without asking questions and tuning out to our true bodily sensations, therefor not enabling us to 'put things together'.

Our posture and the natural breathing process is everything. Incontinence is not inevitable, and once we have those challenges, it is not the end. We can actually halt them and even reverse them. I love that now I can laugh, cough and sneeze, fun, jump with no leakage. We can all do this. It takes a little courage, a little commitment, a little remembering and a little practice. Continence is our birth right as women.

When I was told I had this for life and it would take surgery to 'fix' it (!!!!!!!!!!!), it was like a red flag to a bull. I was absolutely determined to prove them wrong!!!!!!!!!!!!!!

And I did.

I cancelled my reconstructive pelvic organ surgery two days before I was due to go in. I have not looked back.

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