

# Interstitial Cystitis (IC)

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- Interstitial cystitis is a long-term (chronic) inflammation of the bladder wall.
- Interstitial cystitis (IC) is a painful condition due to inflammation of the tissues of the bladder wall. The cause is unknown. The condition is usually diagnosed by ruling out other conditions (such as sexually transmitted disease, bladder cancer, and bladder infections).
- IC is frequently misdiagnosed as a urinary tract infection. Patients often go years without a correct diagnosis. On average, there is about a 4-year delay between the time the first symptoms occur and the diagnosis is made.
- The condition generally occurs around age 30 to 40, although it has been reported in younger people. Women are 10 times more likely to have IC than men.

## Symptoms

- Pain during intercourse
- Pelvic pain
- Urinary discomfort
- Urinary frequency (up to 60 times a day in severe cases)
- Urinary urgency

## Tests & diagnosis

Diagnosis is made by ruling out other causes. Tests include:

- Bladder biopsy
- Cystoscopy (endoscopy of bladder)
- Urine analysis
- Urine culture
- Urine cytology
- Video urodynamics (shows how much urine must be in the bladder before you feel the need to urinate)

## Conventional Treatment:

- There is no cure for IC, and there are no standard or consistently effective treatments.

## Alternative Etiology and Treatment

### 1. Interference field:

An interference field is a local tissue irritation with the potential to cause destabilization of the autonomic nervous system (ANS). Lowered threshold of excitation of a nerve causes chronic low grade excitation. This leaves a persistent inability to maintain a normal resting potential. It may result from a scar (even arthroscopic), teeth, subluxations, etc. For some reason surgical scars have a higher incidence of interference fields.

The ANS is responsible for modulation of the alarm state. An alarm state lasting longer than physiological requirements is the definition of an interference field.

The ANS is generally ignored in a standard neurological exam.

See *Neural Therapy* by Robert Kidd MD for more information.

#### **Treatment:**

Injection into posterior sacral foramina, Pendl's presacral infiltration, presacral infiltration, quaddles to the pelvic region with procaine (a local anesthetic). Dependent on where interference field is found.

This procedure can reset the ANS

#### **2. Dental Problems:**

The front teeth, both uppers and lower, have connections to the kidney and bladder meridians. Low grade occult infections of these teeth can cause IC problems. In personal correspondence with Nicholas Meyer DDS concerning an IC patient relieved of symptoms with extraction, he stated that "The biggest single aspect from the human side of the experience was the surrender of self to the process. The loss of teeth that had root canals in them allowed the body to heal but required the sufferer to have faith in the process". Dr. Meyer Scottsdale, AZ (480) 948-0560

Rheinhold Voll MD, who founded the EAV/EDS system back in the 1950's, said that 75-85% of chronic problems have a dental component. I personally use an EDS system in my practice.

In short, front tooth problems, which may not even be overtly recognized, can cause IC.

#### **3. Thyroid insufficiency (hypothyroidism)**

A low functioning thyroid can be the cause of an irritated bladder. Eugene Hertoghe, MD presented a paper to the International Surgical Congress in New York, NY in April of 1914. In this paper he stated:

"Endothelial tissues share in the general feebleness. They are shed prematurely, and such cavities as the gall-bladder and also the urinary bladder are unprotected from the irritating action of their contents... The bladder being constantly denuded of its epithelial lining is more than usually sensitive to the irritating action of the urine... An examination of the urine in these cases shows the presence of a large number of squamous epithelial cells from the bladder."

The problem is that the present blood test for thyroid is inaccurate as those that rely on this test assume that because thyroid is in the blood then all is well. However, thyroid hormone has to penetrate the cell membrane and then attach to a nuclear membrane receptor. And there is "many a slip betwixt the cup and the lip" in that just because thyroid is in the blood does not mean it is entering the cell. I call this "horseshoe and hand grenade" medicine as it is thought that if thyroid hormone is close enough then it is good enough.

HPMC follows Broda Barnes MD, who practiced from the 1940's through the 1980's. He used the basal body temperature test to see the level of function of the thyroid. Clinically I see many people who have a normal blood test but are **very abnormally low** on the basal body temperature test.

#### **4. Food Sensitivities:**

Differences in allergies (IgE) and sensitivities (IgG) as the sensitivities are much slower reacting (24 -72 hrs as opposed to 5-15 min for allergies).

Immune complexes dumped into the bladder may be irritating.

Nutritionally may be benefited from products like "Juice Plus" that have less irritation in them than whole foods.