The Inconvenience (and Misconceptions) of ‘Tiny Bladder Syndrome’



I recently overheard two different women complaining about suffering from “tiny bladder syndrome,” as they darted away from their friends to find the public restroom. Indeed, of all the inconvenient urinary conditions a woman can experience, TBS may be one of the most common (especially among women of a certain age).

Because we live in a society that likes to name our woes, someone came up with the cute moniker “tiny bladder syndrome.”

What is TBS?

However, in reality, TBS doesn’t exist per se. Sufferers

assume that their bladders are too small. But how would they get small? Did they shrink after drinking hot water … like a wool sweater?

No, no, no, these bladders are not small. Human bladders are all generally about the same size.

The more likely diagnosis is *overactive* bladder.

So, even though the bladder is a normal size, for one reason or another, these individuals experience the sensation of needing to urinate more often than their friends. This sense of urgency can be inconvenient, restrictive and even embarrassing.

Consequently, some sufferers don't even stay hydrated because they don't want to have to go to the bathroom. "If I don't drink anything, I won't have to go!"

Well, that's one way to solve the problem, but it'll create many other problems in its place.



What causes "tiny bladder syndrome"?

If there's too much frequency at night – you know the drill, up and down, up and down, up and down – it could be from drinking too much liquid at the end of the day. (A common

problem with TBS sufferers, thinking they can hydrate at night to make up for a day without liquid).

However, it could also be a result of caffeine, alcohol, medications or, often, high blood sugar.

Here's the thing: Most people think, "I haven't changed my diet one whit, but now I'm getting this. Obviously, that means it can't be what I'm eating or not eating because it just started!"

If only life worked that way. My friends, you could have been eating the wrong stuff – not what you should have been – all along, and it's just now caught up to you. In our older age, that's when we realize the accumulation of all the poor decisions we've all made. We've *all* made. (I'm not cutting myself out of this picture. We've all made mistakes.)

Bladder urgency can also result from medical issues: hormonal changes, spinal compression affecting the nerves, an enlarged prostate, pelvic organ prolapse, or urinary tract infections (UTIs).

Now, because frequent urination can sometimes be a signal of a UTI, you may want to get a diagnosis.

The good news is that these days you don't have to go to a clinic for testing to find out if you have a UTI. You can buy effective diagnostic kits at the drugstore. (Several brands are available to choose from.)

Cantharis 30C

However, the even better news is that the homeopathic medicine we generally employ for a garden-variety UTI is the same medicine we would consider for an overactive bladder ("tiny bladder syndrome").

In my experience, *Cantharis 30C,* twice daily for a few days, is generally sufficient to resolve "tiny bladder syndrome" or

overactive bladder. (However, as always, observe carefully and halt the medicine when very much better.)

Does *Cantharis* help the bladder to grow larger? No … but that's an interesting visual.

Instead, *Cantharis* works with the body to nudge the bladder to function properly. Don't forget: The body wants to return to homeostasis. That's how it's built. Sometimes, all it needs is a little homeopathic reminder, and the body will do the rest.

Should the UTI test come back positive, the *Cantharis* will continue its good work. However, you can also read more on urinary tract infections in my previous blogs, Practical Homeopathy® for UTIs, UTI Conundrum: When a Common Condition Lacks the Common Symptom, and Recurring UTIs and Antibiotics: Stop the Cycle.

Remember, when I teach a medicine or protocol, it's not the *only* one for that condition or symptom. In this public venue, I generally relay the most commonly useful medicines – ones that act for the vast majority of people. If they stop acting, or fail to act altogether, then there are other remedies to consider.

For instance, women dealing with "tiny bladder syndrome" and other common conditions we ladies face might want to take a deeper dive into my course, Feminopathy: How You Can Correct Female Ailments Using Safe, Inexpensive and Effective Homeopathy. Of course, if you want to truly develop your skills for the entire family (or even go into practice), there's no other place in the world to learn my methods than The Academy of Practical Homeopathy®.

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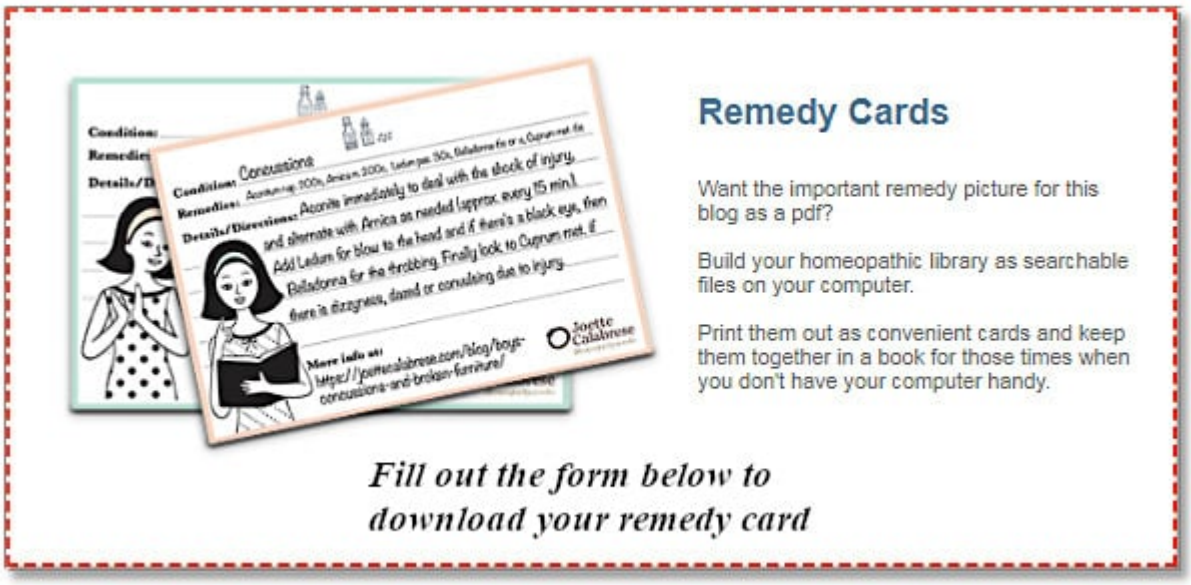


P.S. And remember – all my Mighties (Joette's Mighty Members) qualify for a 10% discount on course purchases. Plus, my Mighties get an extra blog post each week, bi-weekly video lessons, exclusive time with me after my Monday Night Lives, and much more. Won't you join us?

Disclaimer: Joette is not a physician, and the relationship between Joette and her clients, students and followers is not that of prescriber and patient, but that of educator and learner. It is fully the learner's choice whether or not to take advantage of the information Joette presents. Homeopathy doesn't "treat" an illness; it addresses the entire person as a matter of wholeness that is an educational process, not a medical one. To be treated or diagnosed, Joette believes that the advice of a holistic physician is in order.
Claims based on traditional homeopathic practice, not accepted medical evidence. Not FDA evaluated.

As you download your Remedy Card, remember:

The beauty of homeopathy is that there is often more than one way to butter a biscuit. I may teach additional medicines, alternative combinations, or even protocols with established variations to consider in The Academy of Practical Homeopathy®, Mastery, and my Protocol Courses. Stay curious and never stop learning.



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