

Menacing Muscles

EXERCISING YOUR PLIGHT TO BE TIGHT!

Pelvic Floor Muscles: Both men and women have pelvic floor muscles, which help to hold organs in place in that area. For women, those are the uterus, bladder, and small and large intestines; in men, these are the intestines and the bladder.

As we age, and depending on different contributing circumstances that I will discuss, these muscles may weaken, resulting in these different organs “slipping down.” This is called a prolapse. When the uterus slips down, usually through the vagina, it is called a Uterine Prolapse. When the bladder falls in, it’s called a Cystocele (*sis’-teh-seel*), or hernia of

the bladder. And when the rectum prolapses, the medical term, Rectocele (a bulge of the front wall of the rectum in the vagina), is used.

The good news is that long-term solutions are available, but they will take some daily effort. There are specific exercises recommended, as well as internal self-massage, that are needed to see improvements and avoid very debilitating discomfort later on.

Although men have challenges with pelvic-floor muscles as well, my focus here is more on women because their symptoms are more profound, more varied, and more researched. About one-in-three women will experience some type of prolapse in their life, and more than half of all women over fifty who have given birth may suffer from pelvic organ slippage. Symptoms include: incontinence, feeling of incomplete emptying, straining during defecation, painful sexual intercourse, decreased sex drive, lower back pain, and downward

pressure in the vagina. These symptoms start with slight discomfort, but because of gravity, will only get worse as aging progresses. So many women suffer unnecessarily because they don’t want to complain, or they try to hide their discomfort with pain medication.

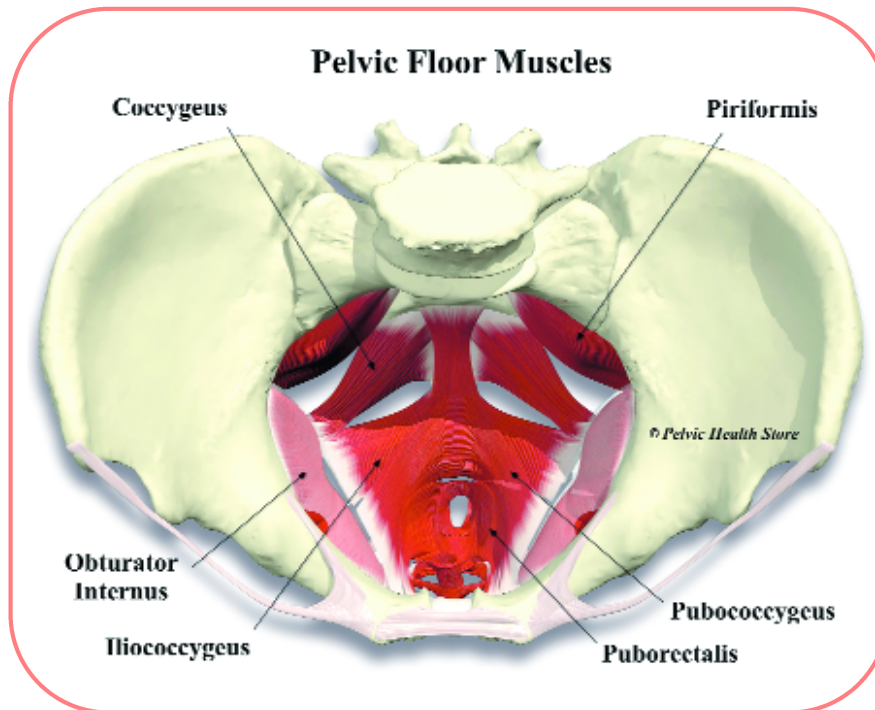
Realizing that options are available, with or without professional help, must be somewhat comforting, although that road may be tough because the therapy and exercises demand a different mindset, involving

the managing of micro-muscles.

I recently had two Doctors of Physical Therapy (DPTs) on my weekly radio show,* who handle pelvic-floor muscle problems as an integral part of their daily patient load—Nicole “Nikki” Dority, DPT, MSPT, OCS, and Milica McDowell, MS, DPT. They have been friends since physical therapy school and are now long-

distance colleagues. On the show, they shared stories of pain, sadness, hope and success with all the listeners. They clearly stated that, *if it doesn’t feel right, address it!*

Most of their patients are women who come with their own history of weakened core muscles and pain in their lower region. Hormonal imbalances, as well as muscular and skeletal challenges are a “red line” through many cases. Then there are those who have developed scar tissue inside their vagina, or between the vagina and the anus, because of sexual abuse as a young girl, while others became sexually active by choice at a very early age while still developing. Scar tissue can also be formed resulting from trauma (e.g., a girl landing on the bar of a boy’s bike), surgery or child delivery. Other women created an “open space” after having a hysterectomy, removal of uterine fibroids, or after giving birth multiple times. And without core-muscle strength, partially caused by doctors slicing through muscles, nerves, and fascia (the



connective tissue between muscles), prolapses can happen.

Milica and Nikki explained the three different muscle groups that are part of this whole subject. These are:

- The **Core Muscles** that run the length of our trunk and torso. Three muscles make up the abdominal group: Rectus Abdominis (your so-called six-pack), Transverse Abdominis (your waist muscles that also wrap around your spine for stability), and the External- and Internal Obliques (on the side and front of the abdomen). Then we have the Multifidus Muscles in the back (between all the vertebrae sections) that work as segmental stabilizers;
- The **Diaphragm**, underneath the ribcage and under the lungs, forms the top of the core muscles;
- And then there is the **Pelvic Floor** or the “pelvic diaphragm,” which is all muscle. As the picture shows, there are three circles of muscles in the pelvic area, also called the sling- or bottom-muscles of the pelvic floor. These are concentric in shape and they sling around the urethral sphincter, the vaginal sphincter, and the rectal sphincter. And as they contract, they will pull up and close those sphincters to help prevent incontinence, prolapse, postpartum

issues, problematic sexual intercourse, and possible lower-back pain.

Both doctors explained that you may need several sessions with a professional therapist to understand the connection between the larger core muscles and the smaller pelvic muscles, and how different exercises will, slowly but surely, start to improve the symptoms many have suffered from for so long. Regular daily activities, even as simple as grabbing a cup of coffee from a table, moving a vacuum cleaner or lifting grocery bags, and just doing exercises such as squatting, push-ups, sit-ups or walking stairs, require interaction between different muscles. Weakening of any of these, or an imbalance between them, can cause malfunctioning.

Nikki and Milica briefly touched on the options of having the muscle surgically pulled up for improvement of symptoms. This seems to make sense, but because muscles are so integrated with each other, if other muscles are not being addressed in specific exercises, this procedure will only last about five years. And unfortunately, there have been women whose surgeon pulled the pelvic-floor muscles up too tightly who now have continued discomfort after the surgery.

Modern technology, improved research, and dedicated therapists such as Milica McDowell and Nicole

Dority give hope that the often unexpressed discomfort from pelvic-floor muscle weakness and prolapse issues can now be addressed without shame, and with simple but precise exercises that should start even before women become pregnant. So many women (and their men) wished they knew then what they have learned now—a few minutes a day can bring big improvements to their quality of life! ■

Call Milica's clinic at 406-585-3701.
Call Nikki's clinic at 303-856-3568.



Jacobus is not a doctor and does not intend to diagnose, treat or cure any disorder. The information is based on self-study, interviewing experts on his weekly 3-hour Saturday morning Radio Program* “Gesundheit! With Jacobus,” which runs from 8–11 am, on AM 1450-KMMS and AM 1340 KPRK, and on feedback received from retail customers visiting his dietary supplements retail store Gesundheit! Nutrition Center at 2855 N. 19th Avenue, Suite N, in Bozeman (585-4668). If in doubt please visit a professional of your own choice and/or educate yourself with available published materials.

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MON–SAT 9–6
2855 No. 19th Ave., Ste. N
Bozeman, MT 59718
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