

## A Ghana Case study of Madam Emelia Owusu

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Client information:

- Age: 36years
- G2po (gravida 2 and parity 0) an elderly primp who had successfully gone through the cycles of pregnancy and being pregnant.
- Had surgery (c-section) with the indication of elderly primp with prolong infertility and previous laparotomy plus bladder repair.
- Patient had a bladder injury during surgery, which was eventually repaired. Though repaired, patient had a problem of urinary incontinence.

There is an ecology of bad ideas, just as there is an ecology of weeds, and it is characteristic of the system that basic error propagate itself. It branches out like a rooted parasite through the tissue of life and everything gets into a rather peculiar mess. *Gregory Batson, Steps Towards an Ecology of Mind* 

The Whole Woman knowledge had given me the opportunity to help Madam Emelia Owusu successfully manage her urinary incontinence issues, which had made life uncomfortable for her.

A lot of people have the myth that urinary incontinence is normal after childbirth and as we age. The fact is that it is common but it's not normal and can be reversed.

Although there are many causes of urinary incontinence, from instability of the bladder muscle to neurological; surgeries performed are to relieve symptoms of stress urinary incontinence. Over one hundred surgical procedures have been used to treat the symptoms of stress incontinence. No ideal method has ever been found and all procedures are said to have a failure rate of between 15% and 50%. Female Urinary Incontinence affects up to 38% of women and despite the extent of this problem, there have been few advances in the treatment disorder *Christine Kent, Saving the Whole Woman* 

This client had urinary incontinence reversed using the Whole Woman way as well as undergoing bladder training.

In conclusion, use of the Whole Woman approach to identify and manage urinary incontinence is a valuable tool. Here, we describe the specific steps to facilitate proper bladder control.

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