Guide to Managing IC Flares
• Anatomy of an IC Flare
• Flare Rescue Plans
• The Most Common Flare Triggers

In Sickness and In Health: The Critical Role Spouses Play

Comfort Foods During Flares

Decreasing Bladder Pain Naturally
The purpose of the IC Network website and this IC Optimist magazine is to give you practical information that you can use today to better manage your symptoms. This issue of the IC Optimist is dedicated to the management of IC flares, the bane of many an IC patient. What makes this guide far different from others are the hour by hour “rescue plans” that you can use to control your symptoms and reduce the length of a flare. More importantly, this guide may help you prevent future flares.

To avoid becoming overwhelmed, it’s vital that you break up your symptoms and/or flares into simple, manageable steps. If your flare is the result of an irritated bladder from drinking coffee, green tea or other irritating beverages, your focus will be soothing the bladder wall and/or reducing the irritating properties of your urine. If your flare is the result of muscle tension, then you’ll be relaxing muscles and resolving trigger points. If your flare is triggered by high stress or anxiety, then a big part of your work will focus on reducing stress. Are hormones part of the problem? They certainly could be, particularly for perimenopausal women. Infection can also strike. There are many potential triggers and, luckily, very helpful self-help strategies and treatments that can get you through it.

An IC flare can also be a reality check. If you’ve been a junk food junkie, your body is now telling you that that’s not a healthy lifestyle. If you’re a smoker, then IC and the threat of bladder cancer is the perfect excuse to quit.

I encourage you to surround yourself with friends and family who are supportive, nurturing and believe in you, rather than those who are abusive and demanding. Make your home as comfortable and stress free as possible.

Be honest about your anxiety level. Pain can trigger a “runaway train” of emotions but you can step off that train if you have the skills to do so. I, for example, took a very helpful anxiety management class at a local medical center that absolutely changed my life for the better. More importantly, be honest about your anger level. You have every right to feel some anger about this situation but please don’t take it out on your family and those that you love. Find a healthy and constructive way to express it through classes, counseling, journaling and/or daily exercise.

Don’t let IC isolate you. When you’re in a flare, reach out by phone and/or the internet to others who can give you the support that you need. IC support groups are an essential survival tool and you’ll find the best support right on our website, moderated by a compassionate and knowledgeable team of support group leaders.

Reward yourself frequently. You’ve never worked harder than you are today as you seek a diagnosis, explore treatments, manage flares, care for family, try to work and so on. Dedicate one afternoon or evening a week to a fun activity, whether it be a video, a walk in the park, a visit with friends, or some time alone to walk through a bookstore. You deserve it.

Do you have any flare tips to share? I would love to hear your comments about this issue! Please send me an email at: jill@ic-network.com or post them in our flare management discussion forum (http://www.ic-network.com/forum/).

—Jill H. Osborne, ICN President
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   by Jill Osborne, MA

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assumes no liability for any material published herein.
Flares are a fact of life for most IC patients. Whether they happen once a week, once a month or every few years, the pain and discomfort that they create can be frustrating, disappointing and anxiety producing. Yet, in the past twenty years, we’ve learned much about why flares occur, how to manage them and, most importantly, how to prevent them. This article shares some of our best flare management tips and insights. Please note that this guide is for informational purposes only and is not intended to provide medical advice. Rather, we hope that this will give you many more options to explore with your doctor as you both seek to reduce your pain and discomfort.

**Why do flares occur?**

Flares occur when the bladder wall becomes more irritated or the pelvic floor muscles become too tight and/or start to spasm. The most common cause is the ingestion of foods or drinks (i.e. coffees, sodas, or tomato products) that irritate our already tender bladders. Stress, hormone fluctuations, intimacy, traveling, long car rides are also potential triggers. Of course, some flares appear mysteriously with no apparent trigger.

**What does a flare feel like?**

An IC flare is a temporary worsening of IC symptoms. Patients struggle with increased frequency, urgency, pressure and/or pain that impacts their daily activities and can dramatically reduce their nighttime sleep quality.

Patients with significant bladder wall irritation, inflammation or wounds in their bladders (aka petechial hemorrhages, glomerulations, Hunner’s Ulcers) often report that it feels like they have “ground glass” or “razor blades” in their bladder. Their symptoms worsen as their bladder fills with urine and is usually relieved after urination, perhaps for only a few minutes or so. Their bladders often feel very full even after urination.

Patients struggling with pelvic floor dysfunction and muscle tension report more continuous aching that does not vary as much with urination. They may have difficulty starting their urine stream because their muscles are struggling to relax to urinate. Their pelvic area may feel very heavy, some describing it as a “bowling ball” in the bladder. Quite a few patients report a sensation that something is dropping or falling out of their pelvis while others report a sensation that something is being pushed up into the vagina or urethra. Tightness and burning are common themes, the latter explained by the build up of lactic acid in the muscle tissue.

There can also be unusual symptoms. Patients with bladder spasms often feel their bladders “flip flopping” in their pelvis and, with severe spasms, it may be difficult to urinate. If the pudendal nerve becomes irritated or compressed, patients may feel a vibration or fluttering when sitting, known as a fasciculation. Others struggle with an uncomfortable “hurts so bad, hurts so good” arousal sensation from the clitoris. It’s not unusual for pain to be referred to the lower back, upper
legs, perineum and rectum. Men with IC often report pain at the tip of their penis.

Patients who are newly diagnosed often say "I don’t know what a flare is. I’m always feeling my bladder." This is normal because they haven't had the chance to try self-help or treatments yet. The bladder and pelvic floor muscles are usually responsive to therapy but it does require significant effort on your part to try things until you find the combination that works for you.

How does a typical flare begin?

Some flares begin shortly after a triggering event (i.e. drinking a soda or riding in a car) while others are first noticed at night when daily distractions are at a minimum. My worst flares always began after eating too much acid. In “Anatomy of an Utterly Ridiculous IC Flare”, I shared what triggered the worst IC flare I have ever had. I drank an acidic pineapple juice smoothie for breakfast, enjoyed a caffeinated Starbucks frappucino in the afternoon topped by extremely spicy enchiladas for dinner. Of course, my period started later that night indicating that my bladder was already sensitive due to the hormone change. Not just one, but three acid washes in less than eight hours combined with a hormone peak triggered such agonizing pain that I have never made that mistake again.

I think it’s worth describing what a flare feels like at night, particularly if I’ve eaten something that has irritated my bladder. I know that I’m having a flare if I wake up an hour after going to bed with a full, painful bladder. I’ll get up, urinate and go back to bed only to wake up 30 minutes later with the same fullness. The cycle repeats again at 15 minutes and can continue for several hours. Usually, I’ll just get up, grab a heating pad, take some pain medication prescribed by my physician and go watch a distracting movie on TV for a few hours. It makes for an awful night but symptoms generally improve as the bladder and/or pelvic floor muscles calm down. Woe to the IC patient who drinks coffee or soda during a flare who will, undoubtedly, suffer worse symptoms.

How long does a flare last?

I believe that the duration of the flare is indicative of the degree of irritation or inflammation of the bladder wall and/or dysfunction of the pelvic floor muscles.

Could a flare be a UTI?

Newly diagnosed patients often assume that their flare is a bladder infection and some have taken antibiotics for years only to discover, after the fact, that their urine cultures were consistently negative. This comes as no surprise to researcher Edward Stanford and colleagues who studied 106 IC patients over a period of two years to determine the rate of recurring bladder infection during IC flares. They reported that only 6.6% of patients, a tiny minority, had a confirmed recurring bladder infections.
The challenge, of course, is that an IC flare and a bladder infection have very similar symptoms. They both can trigger frequency, urgency, pain and nighttime discomfort. Bladder infections, though, can also cause fever, chills, low back pain, visible blood in the urine and/or tenderness in the urethra during urination.

If you suspect that you have a bladder infection, one of the first things that you can use is a home UTI test kit (i.e. Azo Test Strips). Simply dip the specially treated plastic strips (dipsticks) into your urine stream or a sample of your urine. The strips test for nitrite, a substance produced by most urinary tract infections, and/or white blood cells (leukocytes). If you have an infection, pads on the end of the strip will change color. While a positive nitrite test is strongly suggestive of an infection, a positive white blood cell test is more vague. This may be because white blood cells are released into the urine through the wounds (i.e. ulcers) in the bladder wall.

Dipstick tests are not foolproof and can miss some infections. If you have any fever, visible blood in your urine, chills, extreme pain or other unusual symptoms, you should always call your doctor and request a urine culture. When untreated, bladder infections can progress up to the kidneys and become life threatening. Don’t forget to ask for antibiotic sensitivity testing at the same time to determine the best antibiotic for any infection found.

On the other hand, patients who drink coffee every day trigger cumulative irritation in the bladder that can extend bladder symptoms indefinitely.

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It’s important to remember that IC patients and their flares are unique. What works for one person may not work for another. As you review these plans and any medications that are discussed, please ask your physician if they are a good, safe choice for you given your history.

**Bladder Wall Flare Plan**

The hallmark symptom of a bladder wall flare is discomfort that worsens as your bladder fills with urine. Why? Because urine is touching and irritating the sensitive areas on the bladder wall. Many bladder wall flares are short-term and the direct result of eating or drinking something irritating. Self-help strategies and basic pain care can help but the best treatment for a bladder wall flare is to avoid those foods which created the problem in the first place.

**Goals:**
- To dilute urine, if necessary
- To calm and soothe the bladder wall
- To prevent muscle tension from developing
- To fight pain early

**0-30 Minutes After the Flare Begins**

- **REST** - If you’ve been in pain or discomfort for just thirty minutes, stop what you are doing, sit down, rest and use a heating pad for several minutes. Try to break the cycle of irritation and/or muscle tension before it worsens.
- **HEAT** - A heating pad can help relax your muscles and prevent additional muscle tension from developing. There are several types of heating pads available. For immediate heat, a microwaveable pad is best though it will only hold heat for about 20 minutes before you have to heat it up again.

I will admit to being burned by an older electric heating pad one night after falling asleep with it on. If you use an electric pad, please make sure that it has an automatic timer/turnoff switch and throw out any old pads without this important safety feature.

My favorite are BodiHeat Heating Pads, which I wear frequently for my back, neck and bladder. These cheap, square, one-time use pads have a sticky side that will adhere to clothing and are ideal to use during work, traveling or driving.

Soaking in a warm bathtub can also be very soothing. Please do not use bubbles, fragrance or bath salts that can irritate. Try putting a handful or two of baking soda in your bathwater instead.

**At 30-60 Minutes:**

**Focus on Your Urine**

- **DILUTE YOUR URINE** - Water helps to flush toxins out of your body but when you have IC, you might start drinking less to try to reduce your frequency. The problem, of course, is that by drinking less water, you create more concentrated...
and potentially irritating urine. It’s important to maintain your water intake. The Mayo Clinic suggests that you should drink about eight eight oz. glasses of fluid a day.3

Whenever a flare begins, take a look at your urine. It should be clear and pale yellow in color. If it’s dark or cloudy, you may be dehydrated. If so, try drinking a glass of water or, better yet, sip a glass of water over an hour or so to dilute your urine. Look at the color again. If it’s still dark yellow, more water may be helpful.

• REDUCE URINE ACID LEVELS - If you’ve eaten an overly acidic food (i.e. coffees, green teas, sodas, citrus, tomato products), then your urine may be irritating your bladder wall more than usual. Try using some Prelief, Tums or a 1/2 teaspoon of baking soda in a glass of water to alkalinize (aka reduce the acid levels) in your urine. If you’re on a salt limited diet, please talk with your doctor before using the baking soda method.

• HERBAL TEA - A cup of herbal chamomile or peppermint tea can be quite soothing to the bladder and bowel. Peppermint has a proven antispasmodic effect4 on smooth muscle and has been used to treat IBS and help make colonoscopies more comfortable. Chamomile is a popular IC friendly herbal tea that patients report to be comforting.

If your urine is bloody or dark brown in color, you should call your doctor and ask for a urinalysis immediately. IC patients often have microscopic blood in our urine. Visible red blood or darker blood clots are not routine and should be brought to your doctor’s attention immediately.

**Safety Alert**

You can talk with an IC patient advocate through the ICN Patient Education phone line or by scheduling an ICN Wellness Coaching Session. We’ve worked with thousands of patients over the years and may be able to help you!

**ICN WELLNESS COACHING**
1-800-928-7496 or 1-707-538-9442
(M-F: 10am to 4pm PST - donations appreciated)

**At 60 Minutes: Catching Pain Early**

• BLADDER ANALGESICS - Over The Counter AZO Bladder Pain Relief Tablets, Pyridium and Prosed are urinary anesthetics that help to numb the bladder wall. These can be very effective in patients struggling with mild bladder symptoms. The latter two require prescriptions from your physician.

**IC researcher Dr. Lowell Parsons released the results of a study which found that 94% of patients receiving a 2% lidocaine instillation reported immediate symptom relief after one instillation...**

• OTC ORAL ANALGESICS - As an early intervention for MILD pain, ibuprofen (aka Advil, Motrin) or acetaminophen (Tylenol) might be worth trying though they shouldn’t be expected to control severe pain. Please note that each medication has side effects. Ibuprofen can cause stomach irritation while acetaminophen can irritate the liver if used in large amounts.

• BLADDER SPASMS - If you’re feeling bladder spasms, unusual flip flopping sensations in your pelvis or a strong spasm at the end of urination, you might find using an antispasmodic (i.e. Ditropan, Detrol) helpful. These are prescription medications that must be prescribed by your physician and may cause drowsiness. Again, a cup of peppermint or chamomile herbal tea may also lessen spasms.
At 2-4 Hours: Getting Serious About Symptoms

If your pain has lasted longer than two hours, then it’s clear that your bladder has become very irritated or inflamed and you may be in this for several hours or until your bladder calms down. By this time, I hope that you’ve made your way home, put on some comfy clothes and are ready to relax.

Pain is a message. Your bladder and/or pelvis are telling you that they are in distress. It’s important that you not push through the pain. This is the time to relax and focus on what will make you feel better.

- **PAIN MEDICATION** - If the pain or discomfort is getting worse, you may need to start using a pain medication that your doctor has prescribed. Using pain medication early, before the pain gets out of control, is ideal.

Opioid medications are the mainstream of treatment for moderate to severe pain. They come in many varieties and strengths. Some are “short-acting” medications (i.e. Tylenol with codeine) that are effective for about four hours and can help manage short-term persistent pain. Other medications are “long-acting” time release formulas (i.e. Oxycontin) that are designed for use with chronic pain.

In his groundbreaking book The Interstitial Cystitis Survival Guide, Dr. Robert Moldwin has an excellent section which discusses the pros and cons of using pain medication for IC.

Opioids have historically been used for acute pain, particularly in patients who are terminally ill. Using pain medication for chronic conditions has been slow to acceptance. Dr. Moldwin offered “this is an area where the medical professional has ‘traditionally’ provided suboptimal service due to unsubstantiated fears of patient drug abuse, dependency, addiction or medical complications.”

Fortunately, in the ten years since he wrote the book, many physicians have been more receptive to the pain care needs of IC patients. My urologist has never hesitated to give me an occasional prescription (i.e. once a year) for a short acting opiate because I use it so sparingly. Some doctors, though, simply don’t want to be involved in the often complex issues of pain care. That’s fair. You may need to work with your primary care physician, OB/GYN or pain specialist instead.

A mistake that I’ve seen several patients make over the years is to take more medication than necessary or even the wrong medication. Some say “My pain felt so much worse that I doubled my dose.” Using pain medication requires some patience as it will take roughly thirty minutes to an hour for you to feel relief. I usually start with a small dosage and then wait an hour before I consider taking any more medication and, even then, never exceed the recommended dose. Nine times out of ten, the first small dosage has done its job and I need no additional medication.

Some patients reach desperately into their IC prescription drawer looking for anything that can help. Some patients have overdosed on Elavil out of the mistaken assumption that it is a traditional pain medication. Elavil is not taken “as needed” for pain. Some IC patients say “I’m not a pill popper and I don’t want to use medication until it gets really bad.”

Remember the principle of fighting a fire. The smaller it is, the easier it should be to turn off. If you allow the pain to get out of control, it will probably require a lot more time and medication to treat which then defeats your argument about not wanting to use medication.

Higher levels of pain that go untreated can also trigger central sensitization in which the spinal cord and brain responds to higher levels of pain by becoming hypersensitive. “Areas adjacent to those of the actual injury hurt as if injured. These tissues also can respond to stimuli that ordinarily do not produce pain, such as a touch, clothing, light pressure, or a hairbrush, as if they are painful (allodynia)” explained Dr. Jeffrey Gudin in a feature column on pain management on the website Medscape.

Treating pain promptly rather than allowing it to linger and build is ideal.

- **SOOTHING FOODS** - A glance at the 2009 IC Food List shows that there are some foods which seem to be particularly soothing to the bladder. Focus on mild, comfort foods like chamomile tea, rice, potatoes, chicken, fresh breads, vanilla ice cream, vanilla milkshakes, pears, carrots, mushrooms, squashes, etc. Yes, this is a very mild diet because we don’t want to create more irritation with the spicier, more
acidity foods. Don’t forget that constipation can also trigger an IC flare so foods that are higher in fiber to normalize the bowels can be quite helpful. Soluble fibers, like Heather’s Tummy Care Acacia Fiber or Benefiber, seem to work quite well for patients struggling with IC and IBS rather that stimulant laxatives.

**OTHER MEDICATIONS**
Some patients may be advised to use a rescue instillation at home to help numb the bladder wall and ease discomfort. Others may find relief using prescribed medical marijuana. In our last issue of the IC Optimist, we offered two comprehensive stories that reviewed cannabis research and how it may reduce some pain and muscle tension provided, of course, that it is legally available in your state. 8 9

**At 24 Hours & Longer**
As you continue the strategies used previously, the following medical interventions may be considered.

- **RESCUE INSTILLATIONS**
One of the most popular therapies in use today are rescue instillations (aka anesthetic cocktails) because they may provide immediate and sustained pain relief for some patients. This simple instillation of medication into your bladder usually contains lidocaine or marcaine to numb the bladder wall, elmiron or heparin as a bladder coating, a corticosteroid to help control inflammation and, perhaps, an antibiotic.

IC researcher Dr. Lowell Parsons released the results of a study which found that 94% of patients receiving a 2% lidocaine instillation reported immediate symptom relief after one instillation and 80% of those patients had sustained relief after a two week period. He wrote “Intravesical treatment with combined heparin and alkalized lidocaine immediately reduced the pain and urgency of IC in most patients treated for newly diagnosed IC. Symptom relief lasted beyond the duration of the local anesthetic activity of lidocaine, suggesting the solution suppresses neurologic upregulation.” Please note that many physicians customize their rescue instillation formulas to include various ingredients. A rescue instillation should not be confused with a DMSO instillation.

- **THE PELVIC FLOOR**
The next time you see your urologist or ob-gyn, ask for a pelvic floor assessment so that you can determine if some of your flares are originating in the muscles, you can try some of the strategies listed in the pelvic floor section below.
• TRADITIONAL TREATMENTS - When bladder wall symptoms last for longer periods of time, we generally assume that the bladder has become very irritated and/or inflamed. Using various IC therapies over the long term should be considered. An oral bladder coating (i.e. Elmiron) or bladder instillation (Heparin, Cystistat or Uracyst) that will help cover the wounds so that they aren’t so irritated by urine makes sense. Using an antihistamine (i.e. Atarax, Vistaril) to reduce mast cell induced inflammation or a low dose antidepressant (i.e. Elavil) to reduce neuroinflammation may be helpful. The over the counter quercetin based supplements are popular among patients who prefer a more natural route or lack insurance coverage for traditional medications (i.e. Cystoprotek, CystaQ, Desert Harvest Aloe with Quercetin).

Please note that the bladder does not repair itself overnight nor do therapies work immediately. It takes time for the tissues to calm down, in some cases several months of therapies and/or avoiding those irritating foods. Hunner’s ulcers, for example, often require more aggressive treatment with laser therapy, fulguration and/or triamcinolone injections. A reasonable trial for medication is three months or longer, as long as you’re not having significant side effects. Learn more about the many IC treatments available in The Interstitial Cystitis Survival Guide, written by Dr. Robert Moldwin.

Visiting the Emergency Room

In my first year with IC, I visited the emergency room twice for urgent, immediate assistance. It was absolutely the right thing to do. At the time my flares were so severe that I was unable to sleep, in tears and suffering. Yet despite the fact that my second college degree was in pharmacology, I simply didn’t understand that I was having pain that could and should be treated aggressively with medication. When I received a shot of pain medication and, an hour later, was almost pain free, it gave me hope that I wouldn’t have to suffer. A visit to the ER also clarified my needs with my urologist who, up to that point, didn’t see how bad it had become. This was before I knew about diet and was drinking cranberry juice daily. I’m happy to report that since I’ve been following the diet and various treatments I haven’t been back to the ER in 15 years for my IC.

Granted, some IC patients have poorer experiences at the ER where staff may not be trained in IC or, worse, suspect you of seeking drugs. I strongly encourage you to use the free, downloadable ICN Medical Records File available on our website to document your symptoms and treatments. Bring it with you to share your history with ER staff as well as your current treatments. They can usually rule out other conditions that could be triggering your pain and discomfort, such as a serious bladder or kidney infection.

Talking with your doctor

IC patients usually find relief with the many strategies listed but if your bladder symptoms and/or pain are not improving you must ask for help from doctor. Some patients may need a referral to a pain specialist or clinic who can help with different pain methods. I strongly encourage you to make an appointment to discuss your diagnosis, treatments and pain care strategies. Is there anything else that could be contributing to your pain or discomfort? Are there other potential treatments? Share any fears or concerns that you have. Don’t suffer in silence at home alone. If you’re struggling, call your doctor and ask for help.

Recommended Resources:

• The Interstitial Cystitis Survival Guide by Robert Moldwin
• A Taste of the Good Life: A Cookbook for an IC Diet by Bev Laumann
• Confident Choices: Customizing the IC Diet by Julie Beyer RD
• Confident Choices: A Cookbook for IC and OAB by Julie Beyer RD
• The ICN Flare Resource Center - http://www.ic-network.com/selfhelp/flares.html
Perhaps the biggest breakthrough in the past ten years in the treatment of pelvic pain disorders is the acceptance and understanding that pain in the pelvis can come not only from the organs but also the surrounding muscle. In fact, tight muscles decrease blood flow to the surrounding tissues, causes the build up of lactic acid and irritates nerves. It’s a recipe for pelvic pain that a growing number of physicians accept.

Dr. Andrew Goldstein wrote a moving forward in the book Heal Pelvic Pain. He offered ‘...what was really convincing was to see the profound and stunning results... through the modalities of physical therapy - manipulation, massage and above all exercises that patients could do on their own - women who had suffered “chronic” pain for years stopped suffering.’ He continued ‘Many of the pain syndromes doctors and patients have struggled with for years now turn out to derive from myofascial disorders. For example, women are frequently diagnosed with IBS or IC when in fact all their pain may be myofascial in origin.’ The data supports this. A new study found that 78.3% of the IC patients studied had at least one trigger point in their pelvic floor muscles and that 67.9% of patients had numerous trigger points, suggesting that pelvic floor dysfunction may be much more common in IC patients than previously thought.

Pelvic floor flares usually occur after activities which jar the pelvic floor muscles, such as intimacy, driving, sitting for long periods of time or perhaps even aggressive exercise. But unlike the bladder wall flare, the pelvic floor flare has duller, achier pain, often with a burning quality to it, that usually peaks after urination. Other symptoms may include having to wait several seconds or longer to start your urine stream because your tight muscles are having trouble relaxing enough to empty your bladder. Some patients feel like their bladder is very heavy and/or that something is falling out of them. Others feel like something is being shoved up inside their urethra or vagina. Some patients feel very tense in the pelvic area.

**Goals:**
- To relax the pelvic floor muscles
- To reduce muscle tension elsewhere in the body
- To release painful trigger points, if any
- To reduce pain and discomfort
- To reduce stress and anxiety

**Rescue Plan #2 - The Pelvic Floor Flare**

0-30 Minutes After the Flare Begins

- **REST** - Like fighting a fire, we want you to catch these flares when they are small and more easily manageable. Act early and decisively. If you’ve been in pain or discomfort for just thirty minutes, stop, rest and try to break the cycle of irritation and/or muscle tension before it worsens. Try using a heating pad on your lower belly to help relax your pelvic floor.

At 30-60 Minutes: Getting serious about your muscle tension and stress levels

- **STRETCHES** - A healthy muscle is normally long, lose and pliant. When tense, muscles become short, stiff and painful. Thus, your first step is to listen to your body and reduce any muscle tension in your hips, butt, legs and back. Try some simple, easy stretches.

Amy Stein, in her book Heal Pelvic Pain, offers a series of exercises called “letting go” that are designed to reduce pelvic floor tension. She suggests making these exercises part of your morning routine. They include deep breathing, a pelvic floor drop, thigh press, pelvic floor, hip rotator, hip flexor, abdominal stretch, back, hamstring and butt stretches. Her book includes descriptions and pictures for easy visualization.

In Ending Female Pain, author Isa Herrera offers yet more stretches that are designed to relax and then strengthen muscles but she also incorporates balance balls and foam rollers into her routines. She offers an innovative section of stretches.
designed for use while at work, or sitting at a desk, as well as how to work with surgical scars and adhesions. But what makes her book truly helpful are the "hands on techniques" that she offers. She said "The internal techniques...are designed to be done with dilators or your fingers. Sometimes you may find it difficult to reach certain muscles with your fingers and will have to use your dilators...give it some time and start slow. With practice, you will reap the benefits of these powerful techniques."

If you happen to be away from home and feeling your muscles tighten, physical therapist Rhonda Kotarinos suggested a simple squatting movement to help reduce tension. Simply pretend to pick something up from the floor, squatting normally for several seconds. She said 'resting in a squat position can be therapeutic because it is a position that through neurophysiological mechanisms can help to turn off and lengthen the pelvic floor. Often dropping into a squat can help to turn off and lengthen the diaphragm actually lowers to make room for the air, so it is natural to also lower and relax the pelvic floor muscles.'

- HEAT - In addition to using heating pads as described in the first section, try soaking in a warm bath tub but please do NOT use any harsh chemicals, bubble baths or soaps in the bath water which can irritate the sensitive skin in your crotch. Taking a warm bath every day is ideal for patients with chronic muscle tension.

- PRACTICE DEEP BREATHING - Isa Herrera explained why deep, abdominal breathing is helpful. "The best way to consciously release tension from the pelvic floor muscles to try to release the muscles while you inhale...when you inhale properly, your diaphragm actually lowers to make room for the air, and you can then raise or contract your pelvic floor muscles." I find it very helpful to do visualizations at the same time. When you breathe in, visualize the air bringing fresh, rejuvenating oxygen into your body and as you exhale, imagine the stress and tension floating away with each breath.

- OTC ORAL ANALGESICS - Ibuprofin (aka Advil, Motrin) or acetaminophen (Tylenol) may help reduce mild pain. Please note that each medication has side effects. Ibuprofin (Advil, Motrin) can cause stomach irritation while acetaminophen can irritate the liver if used in large amounts.

At 2-4 Hours: Getting serious about symptoms

If your symptoms haven't responded to the easier methods above, it's time to try some new strategies.

- USE A GUIDED RELAXATION CD - Beaumont Hospital (Royal Oak, MI) has produced three excellent guided imagery CD's specific for men and women struggling with pelvic floor tension and pain. These should be used daily until your symptoms are under control and your pelvic floor is behaving normally.

- MUSCLE RELAXANTS - Many physicians provide muscle relaxants for patients struggling with chronic muscle tension, including diazepam (Valium), cyclobenzaprine (Flexeril) and several others. Vaginal valium suppositories deliver medication to the pelvic floor region. These suppositories are usually made by a local compounding pharmacy on an as needed basis.

- HANDS ON WORK - If you are being treated for pelvic floor tension, then your physical therapist has probably given you some tools and exercises that you can use to help reduce trigger points and muscle tension. This can involve stretching, applying pressure to various internal or external muscles with your fingers and by using vaginal dilators or wands. Again, the books Ending Female Pain and Heal Pelvic Pain have dozens techniques and methods that you can try.

Ten Products That May Help At icnsales.com

- **IC Survival Guide by Robert Moldwin** discusses IC therapies and pain care.
- **Ending Female Pain by Isa Herrera** or **Heal Pelvic Pain by Amy Stein** offers strategies to help reduce pelvic floor tension and symptoms.
- **A Taste of the Good Life by Bev Laumann** or **Confident Choices by Julie Beyer RD** provides IC diet information and tasty, bladder friendly recipes.
- **AZO Bladder Pain Relief** tablets may help reduce bladder wall pain.
- **Prelief** reduces the acid level in urine.
- **Bladder & Prostate Friendly Chair Cushion** can make sitting much more comfortable.
- **Bodi Heat Heating Pads** provide steady heat for hours, perfect for use at work or while travelling.
- **Heather's Acacia Fiber** can help maintain normal bowel function for patients struggling with IC and IBS.
- **New Dawn Pilates For Women With Pelvic Pain** offers bladder and pelvic friendly exercise and fitness tips.
- **Pelvic Floor Relaxation CD's** produced by Beaumont Hospital.

Available through the ICN Shop where your purchase underwrites the thousands of free support sessions we offer to patients in need each day.
At 24 Hours & Longer

PHYSICAL THERAPY - The challenge with pelvic floor dysfunction is that the muscles require long term, consistent effort, usually with the help of a professional physical therapist. Myofascial physical therapy has a proven track record in fighting pelvic pain. At the AUA 2010 Annual Meeting, IC researcher Christopher Payne presented the results of a national study which found that 59% of the women receiving myofascial physical therapy had a significant improvement in their symptoms. This is only the second time in history that a randomized, controlled trial has shown positive results for IC patients.

If your pain has lasted longer than a day and/or does not seem to be responding to your home strategies, you may need to visit your urologist for a pelvic floor assessment and/or a physical therapist for a treatment. Physical therapy is usually done about once a week for ten or twelve sessions. To insure long-term results, you must be doing the basic muscle stretches, exercises and more at home every day.

- **TAKING CHARGE OF STRESS & ANXIETY** - The Wise-Anderson Protocol, a pelvic pain treatment program developed at Stanford University, focuses on both pelvic floor work and anxiety management strategies. The authors stated that "Chronic pelvic pain syndromes tend to be self-perpetuating disorders in which a patient's pain causes a reflexive tightening of the pelvic floor... The reflex to contract against pain actually increases the pain. Negative and catastrophic thinking that is common to pelvic pain patients fan the fire of the pain by igniting the electrical activity in the trigger points referring pain in the pelvis. The tension-anxiety-pain cycle is the major obstacle to reduction or abatement of pelvic pain..." They use paradoxical relaxation to help patients break this cycle and their pelvic pain program has had good success.

In Spring 2010, they presented more data on the success of their program reporting that 52% of patients reported moderate or marked improvements in their symptoms and only 11% indicated no change. They concluded "Of the men completing the program, 68% perceived benefit and stated that they would participate again or recommend this therapy to a friend."

If you find yourself under intense stress (family illness, loss of job, active conflict) or struggling with anxiety, there’s no substitute for having a compassionate professional who can listen to your worries and provide you with the support that you deserve. There’s no shame in asking for help. Rather, I think that it shows maturity and confidence. Local medical centers often provide classes on anxiety and stress management as well! I took the Kaiser Permanente “Phobease” class and it has helped me tremendously. Your goal is to learn better skills as well as more tools and techniques to keep your stress and anxiety levels low.

**Recommended Resources:**
- Book - Ending Female Pain by Isa Herrera
- Book - Heal Pelvic Pain by Amy Stein
- CD - Guided Imagery For Relaxation For Women with IC and Pelvic Pain
- Guided Imagery To Enhance Healing For Men with Chronic Pelvic Pain or Prostatitis
- CD - Guided Imagery To Enhance Healing For Women IC, Pelvic Pain or Vulvodynia
- DVD - New Dawn Pilates for Pelvic Pain

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**Bladder Problems? Enjoy everyday life, again!**

Some foods are keeping many people from doing the things they once enjoyed. Are you one of the many who avoid car rides, little league games, movies and family dinners because of the effects of acidic foods?

Many people are highly sensitive to food. For some, various foods can cause occasional heartburn, for others the "hidden irritant" in foods can exacerbate urinary problems or bowel distress. In most of these cases, the problem lies with the unsuspected acid in the foods. Prelief is a safe, effective over-the-counter product that can help you stay comfortable. Prelief works by taking the acid irritant out of foods, so these foods are less likely to trigger problems.

Go ahead... take that long car ride, cheer on your favorite little league and watch the entire movie. A trip to the grocery store won’t have to include a map to the restroom; a family dinner can be long and lingering!

**Recommended Resources:**
- For literature and a coupon.

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**Daily Pelvic Floor Strategies**

- Stretches to reduce muscle tension
- Exercises to strengthen muscles, as needed
- “Hands on” physical work, as needed
- We suggest that you listen to a pelvic pain guided relaxation tape once, if not twice, a day.
- Gentle exercise such as walking, swimming or yoga
- Stress & anxiety management, as needed

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The Most Common Flare Triggers

1 - Foods

Which foods should I avoid?

As a general rule foods high in acid (i.e. orange juice, coffee, tea) create irritation in much the same way that lemon juice poured on a wound on your hand would feel. It hurts! Foods that stimulate nerves (i.e. caffeinated drinks) are notorious for triggering the already sensitized nerves in the bladder. Foods high in histamines (i.e. chocolate) can trigger an allergy like reaction. Some, but not all, patients may struggle with foods high in sodium or potassium. You can find a comprehensive list of safe and risky foods in the 2009 IC Food List currently available on our website.

My doctor says that there’s no proof that some foods can irritate the bladder?

While IC patients have long known through personal experience that many foods can irritate the bladder, it wasn’t until the Summer of 2007 that researchers at Long Island University published the first formal validated research study which proved that certain foods badly irritate the bladders of the vast majority of patients. The release of this study in the peer reviewed Journal of Urology should finally provide evidence needed for those medical care providers and family members who do not believe that diet makes a difference.19

Is the diet appropriate for every patient?

If you are having any bladder symptoms that worsen as your bladder fills with urine, this suggests that your bladder wall is showing signs of irritation or inflammation. It makes sense to protect your bladder by avoiding irritating foods.

What are the top offending foods?

The ICN list of “forbidden foods” was developed through twenty plus years of anecdotal experience with patients. Even one small serving a day can cause IC flares in patients with a tender, inflamed or wounded bladder wall. But, even more so, some of these foods create such profound irritation, particularly when consumed daily, that they could reduce the potential effectiveness of the many IC treatments available. Most patients report that diet modification is an essential part of their flare management plan.

- COFFEE - Coffees (regular & decaf) are, by far, the most irritating to an IC bladder, not just for the caffeine but also for the very high acid level. We strongly suggest that you avoid all coffees if you are currently symptomatic. When your bladder has calmed down and your symptoms have improved, you can try one cup of herbal (Pero or Cafix) or low acid decaf coffee (Tyler’s, Puroast or Euromild) to see if your bladder tolerates it. Fair warning. Most patients cannot tolerate coffee on a daily basis.

- REGULAR & GREEN TEAS - Regular and green teas (hot and iced) get their flavors from tannic acid and, thus, easily irritate the bladder. The worst tea of all? Powdered, sugar-free instant iced teas. If you’re desperate for tea, try plain herbal chamomile or peppermint teas which can be calming and soothing to smooth muscle of the bowel.

- SODA & DIET SODA - If a soda can remove rust from a penny, just imagine what it would do to a wound in your bladder. Sodas are highly irritating not only for the citric acid used for flavoring, but also for the preservatives, flavorings and artificial sugars. If you’re desperate for a soda, try an organic regular root beer but, please, only once a month.
FRUIT JUICES - Fruit juices, particularly cranberry, orange, lemon and tomato juices, are very acidic because each glass carries the acid of not just one piece of fruit but many that have been processed to make that juice. Juices are notorious for triggering bladder wall irritation in IC patients. We suggest that you try pear, blueberry, or apple juice, preferably a “baby” version. Why?! Baby juices use less acid during the manufacturing process and are easier for an IC bladder to tolerate.

MULTIVITAMINS - Do you think that you must take a vitamin to be healthy? If so, the vitamin companies love your business but some research studies now suggest that consuming high levels of vitamins may feed some cancers. For the IC patient, multivitamins are quickly broken down and excreted through urine where they may irritate our bladder walls. Vitamin C and Vitamin B6 seem to be the culprits though this has not been proven, as yet, in a research study. Unless you have a medical condition which requires using specific vitamins, we suggest that you stop Vitamin C, B6 and/or multivitamins to see if they are irritating your bladder. Some patients seem to tolerate the low acid Ester C better.

ARTIFICIAL SUGARS - Artificial sugars continue to generate a lot of negative feedback from IC patients who report flares after eating them. Artificial sugar may not be as beneficial as we originally thought and there is substantial evidence that it can lead to excess weight gain. In 2005, a study was released that found that patients who drank diet sodas, as opposed to regular soda, had a much higher likelihood of obesity. In the IC bladder, artificial sugars appear to create profound irritation. We suggest that you remove artificial sugars from your diet to determine if they are contributing to your pain.

CHOCOLATE - Due to its histamine content, chocolate is notorious for triggering irritable bowel syndrome symptoms, allergies and, in an IC bladder, irritation and pain. If you’re desperate for chocolate, try carob, a white chocolate or a very dark, semisweet chocolate. The cheaper milk chocolates seem to be the most irritating.

Hormones

The bladder lining is sensitive to the hormone changes that occur each month during the menstrual cycle. Some patients flare when their estrogen levels are higher, while others flare when their progesterone levels are higher. While some doctors may disagree as to why this occurs, many women struggle with an IC flare on the day that they ovulate and a few days before their period. The good news is that these flares are often predictable and short term. The bladder wall flare strategies can be used.

In an article on IC and menopause Gaye Sandler explains why hormones can contribute to bladder symptoms. She said “The smooth muscle in the bladder, urethra and vagina lose tone and strength as estrogen levels decline. Because the bladder lining, the nerves, blood vessels, and muscles that govern urinary function are all affected by estrogen, the decline of estrogen during perimenopause and menopause increases sensitivity to pain and susceptibility to bladder problems. When there is a decrease in blood flow and lubrication, the urethral, bladder and vaginal tissue become thinner, drier, less resilient, and more susceptible to inflammation. These various changes also leave the bladder vulnerable to infection and can cause symptoms such as urgency, frequency, burning, and sometimes, mild incontinence.”

An OB/GYN should be able to spot signs of estrogen depletion during a simple pelvic examination and you, of course, may notice drier skin. Of the many treatment options available, EString® seems to be preferred over an estrogen cream, simply because creams often have irritants (such as propylene glycol) that can create a burning sensation. Some patients have found success with a preservative free estrogen cream made by a compounding pharmacist.

3 - Traveling/Driving

One of the earliest IC research studies found that 50% of all IC patients had pain while driving or riding in a car. Because the bladder and surrounding muscles are already sensitive, driving over bumpy roads and jarring the pelvis and bladder can trigger painful muscle spasms and irritation. IC patients frequently report that they cannot travel long distances without experiencing great discomfort.

If you’re already in an IC flare, limit car travel to short distances. This is not the time to drive across the country. If you must travel, the car should have a smooth suspension and comfortable seats. Because leather car seats are often hard, patients usually prefer softer fabric seats.

You may find that using a muscle relaxant and/or heat can help make car rides tolerable. Above all, don’t force yourself to hold your urine throughout a long car ride. Stop and use the restroom as frequently as you need to. Better yet, bring along some TravelJohns for use in your car.

Travel by train or plane can be equally challenging. When making your reservations, please let airline or rail staff know that you have disability and must be seated near a restroom or in an aisle seat so that you can get to the restroom easily. When you arrive at the plane or train, make sure that you inform the attendant of your needs. Use medication as suggested by your physician. It can also help to bring along the ICN restroom alert card and/or a letter from your physician explaining that you have IC and will need restroom access frequently. You can find many more articles and videos on planning IC friendly trips and vacations on our website.
4 - Stress

IC patients frequently report that their symptoms worsen during periods of high physical or emotional stress. Consider the fact that when patients get very cold, they often have more bladder symptoms. Emotional stress creates similar reactions in the bladder through no fault of the patient.

The human body has complicated neurological functions that we are still trying to understand. In the past few years, several IC researchers have focused on how nerves in the spinal cord and bladder react in highly stressful situations. They have found that intense stress causes a neuroendocrine response throughout the body, brain, spinal cord and that appears to be contributing to our pain levels.24

While this research continues, it’s important for IC patients to remember that there is no shame in having an IC flare as a result of stress. But, if it happens frequently, try to reduce your stress load and/or consider learning some new stress management skills by taking any one of the many stress management classes available at colleges and health centers around the country. As you get better at handling stress, the likelihood that it can trigger a flare should reduce.

5 - Chemical Exposure

IC patients often struggle with sensitive skin, particularly in the crotch area and many report that various chemicals can trigger an IC flare, such as soaps, detergents and laundry products. Using mild, preservative and scent free laundry detergents, such as Ivory Snow or Dreft is ideal. Rinse twice to remove all detergent residue. Fabric softeners should also be avoided.

Bath soaps should be mild and, ideally, formulated for sensitive skin. Dove and/or and Basis soap for Sensitive Skin seem to be well tolerated. Please note that liquid soaps often have many more irritating scents and perfumes, so stick with the simple bars of soap instead.

Bubble baths are notorious for causing irritation in the urethra, vulva and perineum, thus, we suggest using only baking soda in your bath water.

Some swimmers have reported that chlorine has triggered IC flares and/or skin discomfort. If you swim regularly, try to avoid pools that are heavily chlorinated. Better yet, look for pools that use alternatives to chlorine. After swimming, always remove your suit quickly and shower!

6 - Smoking

According to the American Urological Association (AUA), smoking causes more than half of all bladder cancer cases due to the toxic biproducts produced by smoke that are then eliminated through the kidneys and bladder. “A smoker’s bladder is continuously exposed to carcinogenic substances which, over time, can affect the bladder lining and potentially lead to cancer,” said Tomas Griebling, MD, associate professor of urology, vice chair of urology and assistant scientist in the Center on Aging at the University of Kansas School of Medicine in Kansas City. “If the threat of lung cancer isn’t serious enough to inspire a patient to quit smoking, perhaps the thought of losing your bladder to cancer will.”25

Those same toxic bi-products appear to irritate our tender bladders and trigger some IC flares.

7 - Sex & Intimacy

Several research studies have revealed that many IC patients experience pain or discomfort at various stages of sexual intimacy. Why? Susan Bilheimer, co-author of the book Secret Suffering: How Women’s Sexual and Pelvic Pain Affects Their Relationships explained “The pelvis is the busiest area of the body, with all kinds of organs, muscles, ligaments, and nerves. Problems in one or more of these areas can mix and match in any configuration to trigger sexual and pelvic pain disorders.”26

Muscle spasms and/or tension appear to be the culprit. Men with IC often have their discomfort at the moment of orgasm when the muscles spasm the hardest. Women with IC usually find the act comfortable but the day after uncomfortable as muscles gently but steadily spasm. Others may find deep penetration uncomfortable.

Another potential source of discomfort is friction. If arousal isn’t complete or if there isn’t enough lubrication, the skin can be abraded and bruised. Lubrication is essential. It is not unusual to use significant amounts of lubricant with each sex act (i.e. half a tube of K-Y jelly or Very Private Intimate Moisture).

The comfort of sexual positions vary and will take some experimentation to find positions that are comfortable. Something as simple as a sensitivity to a spermicide can also trigger an IC flare.

**Having an “after sex” routine is essential, including:**

1. Urinate immediately after sex to reduce any chance of infection.
2. Rinse tender tissues (penis or vulva) with cool water to help reduce inflammation.
3. A perineal cold pack can be placed on the vulva for a brief period of time to reduce inflammation.
4. A heating pad can be applied to the lower abdomen or belly to calm the pelvic floor.
5. A vaginal valium suppository can be used to relax the pelvic floor muscles.
6. Muscle relaxants can be used, if needed, for more extreme tension.
7. OTC or prescription pain control as needed.

Please visit the ICN Sexuality and Intimacy Center on our website for more information on how to make sex more comfortable. http://www.ic-network.com/selfhelp/sex.html
8 - Exercise

Exercise, particularly workouts that involve the pelvic area, can trigger pelvic floor tension. Most bicycle seats put unusually high pressure on the pelvic floor muscles which can exacerbate pelvic floor tension and/or directly stimulate painful trigger points. Workouts that jar the pelvis, such as running or stairmaster, can also provoke pain. Pace yourself and pick your exercises carefully. It’s probably not a good idea to do a massive workout when your bladder is already tender. Focus on exercises that keep your pelvic level, such as walking, rowing, swimming or yoga. You might want to try the The New Dawn Pilates For Pelvic Pain program, currently available on DVD in the ICN Shop.

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Safety Alert: What Not to Do During a Flare

- Never take extra medication beyond the dosages that a doctor recommends or mix medications without your doctor’s approval. Talk with your physician and pharmacist first to check for safe dosages, any concerns about mixing medications, etc.
- Do not drive or operate a motor vehicle while heavily medicated. Please preserve the safety of yourself, your family, and others on the road by not driving when you are impaired.
- Never use medication that was prescribed to another member of the family.
- Do not strain while urinating. Try to resist overexerting because it can severely strain your pelvic muscles.
- Don’t choose to ignore early signs of a flare. No one would want to have a flare, but denying that you are in the beginning stages of a flare or trying to “grin and bear it” are just going to cause you more pain and suffering in the long run. Acting early will help lessen the symptoms and most effectively treat a flare.
Today there is a movement towards more holistic, natural and self-help methods of healing. Many of my patients want to learn techniques they can easily implement on their own to reduce their bladder pain naturally during their flare-ups. As a physical therapist who specializes in pelvic floor muscle dysfunction, I tell my patients that there is a lot to do on their own to arm themselves with tools and knowledge so that they know what to do if a flare-up happens.

One of the important pieces of information I teach my patients is the intimate relationship between the pelvic floor muscles and the bladder. They work together synergistically and when pelvic floor muscles are not happy the bladder is not happy and vice-versa.

The following recommendations and exercises below work together to create harmony between these two vital areas of your body. These techniques are simple yet powerful and can be incorporated into your everyday life. You must first check with your physician before implementing any of the techniques suggested below as they may not be appropriate for you.

**Diaphragmatic breathing**

Place your hands on your abdominals and inhale deep into the abdominals allowing the belly to expand out into your hands without straining. Inhale through the nose and exhale through the mouth. Try this for up to 5 minutes during a flare up and to help relax during stressful situations.

**Reverse Kegel™ exercise**

The best way to release tension in the pelvic floor muscles and to keep the bladder calm is to try to release the tension/pain in these muscles while you inhale. Inhale for a count of five, sending your in breath to your pelvic floor muscles while simultaneously thinking and imagining that they are relaxing and lengthening. Repeat this exercise 10 times every hour on the hour especially during times of flare-ups.

**Heat on the bladder**

Place a moist heating pad at lower abdominals 1-3 times daily for 10-15 minutes. Try also putting the moist heat pack on the vaginal, inner thigh or over the pubic bone area for bladder pain relief. During the day try using an adhesive heating pad (i.e. BodiHeat) over the lower abdominals to help manage bladder pain. (Editor’s Note: Adhesive pads should be placed on a cotton undergarment or shirt, not directly on skin). Heat promotes circulation and general relaxation of abdominal muscles that surround the bladder.

**Avoid bad bathroom habits**

Many IC sufferers get into bad bathroom habits because the bladder is in a constant state of irritation causing extreme urgency and feelings of incomplete emptying. You must avoid pushing urine out, pushing urine adversely affects the pelvic floor muscles, which leads to more spasms and more bladder pain.

**Use the potty posture**

The potty posture creates optimal pelvic and organ alignment for easier elimination. Avoid rounded shoulders, slumped lower back while seated on the toilet.

- Sit with knees above hips. This position will place your pelvic floor muscles in a relaxed, open state. Support your feet on a book or footstool if necessary.
• Slightly separate your legs and lean forward from your hips and maintain a straight spine and place your hands or elbows on your thighs.
• Sit comfortably and relax/release your pelvic floor muscles and complete the techniques of proper breathing and allow your pelvic floor muscles to drop. Do not hold breath.
• Keep your lips, jaw and mouth open and relaxed. Vocalization is great here. Use oh, AHHH, OOO find the sound that allows your muscles to release.

**Do some form of cardiovascular exercise**

Although this may seem very difficult at first one of the best ways to relief pain is to increase endorphin (pain relieving substances produce by the body) production. To release endorphins naturally get on a regular cardio program that you enjoy doing. Walking is great one to start out with because you can start out with as little as 10 minutes and work your way up to 45 minutes. Do your program 3-5 times a week or as tolerated.

**Drink WATER frequently and throughout the day**

Many individuals avoid drinking water because they think they will go to that bathroom less often. This is actually one of the big lies in bladder health. Urine that is more concentrated and dark due to dehydration can irritate the bladder lining leading to more pain, urgency and frequency.

**Try Biofeedback**

Biofeedback helps you to visualize the pelvic floor muscles and how you are using them. For many IC/PBS sufferers this modality helps them to learn how to relax and release tension in the pelvic floor muscles. You can rent these units for home use.

**Try Reiki Therapy**

Reiki is gentle yet a quite powerful form of energy medicine. It helps increase the body’s relaxation response, leading to a calmer physical and emotional state which will help with the stress that is often felt by men and women who suffer from IC/PBS.

**STRETCH your pain away**

Myofascial muscle pain, spasms and trigger points are common in patients who suffer from IC. The hip, inner thighs, hamstrings, gluteal and lower back muscles are intimately connected with the bladder and pelvic floor muscles. By stretching the muscles listed above you are indirectly releasing tension in the pelvic floor muscles and the bladder.

Isa Herrera, MSPT, CSCS, women’s health physiotherapist, is the author of *Ending Female Pain, a Woman’s Manual*, the quintessential self-help book for women suffering from chronic pelvic and sexual pain. In her NY based healing center Renew Physical Therapy, she treats women who suffer from conditions such as interstitial cystitis, vulvodynia, vaginismus, vestibulitis, endometriosis, and pre- and post-natal pain. Her book is multi-layered, fusing yoga, pilates, internal massage, scar therapy, visualizations, and vulva self-care, ensuring that there is something for every woman who has suffered long enough with sexual, pelvic, or scar pain. Her mission is to show women that they can be the heroines of their own stories, getting them on track to end their cycles of pain.
“For better or for worse.” “In sickness and in health.” Both phrases are often used in weddings, though the newlyweds may not completely realize just what those words mean. IC patients and their spouses are putting such vows to the test navigating this painful, chronic condition together. How they navigate the hard times can impact how they feel.

The Study

In November, researchers from Queen’s University in Ontario, Loyola University Medical Center in Maywood, Ill., and the University of Rochester Medical Center in Rochester, N.Y., released their findings that a supportive spouse can improve the mental health quality of life in women suffering from IC.

“The primary finding in this study is that ‘distracting’ spousal responses act to ‘buffer’ the negative effects of pain on mental quality of life for women suffering from IC,” said Dean A. Tripp, Ph.D., associate professor in the Departments of Psychology, Anesthesia & Urology at Queen’s University, and one of the researchers conducting the study.

The study surveyed 96 women about the responses of their husbands to their pain as well as the women’s quality of life, depression and their disability. Tripp said he and his colleagues found it unacceptable that no such study had yet been conducted for IC patients considering that IC clearly impacts the entire family.

Dealing with diagnosis

Many patients are not surprised by the findings. Kim Wayne*, a 32-year-old nursing home CNA in Gibson City, Ill., said she started dating her husband in 2003. Her IC symptoms started the week before Christmas in 2005. The following March she was diagnosed through a cystoscopy without any pain medicine and that horrific event showed her how much her now-husband cared for her.

“I had gone to the appointment by myself because I was told I did not need someone to drive me home,” Wayne said. “After the procedure, I was in a hurry to get home. I was very unhappy with the way the doctor had treated me. I was in horrible pain from the procedure. I live 30 minutes from the facility where the procedure was performed. I drove home in tears due to the pain. My husband called me while I was on my way home. He was upset about the way I was treated. When I arrived at home, my heating pad was on, my blanket was on my chair and a glass of water was on the stand beside it. I was able to crawl in and do what I could to find relief from the pain.”

Wayne’s husband isn’t the only one who helped his wife through her diagnosis. Penney Sanders, a 50-year-old music teacher in Nashville, Tenn., is a newlywed who has dealt with IC since getting married three years ago. In April 2008, just a few months after her wedding, Sanders began noticing her symptoms. After visiting six doctors, she was finally diagnosed in October of 2009. Her husband was relieved to have an answer; however, he also was frustrated because he wanted to help and didn’t know how. He had to deal with the diagnosis himself. It was a challenging time.

“As newlyweds, you can imagine the obvious [challenge],” Sanders said.
“During painful times, it can be very frustrating for both of us. There is such tremendous stress on me having to go through it, and on him seeing how hard it can be for me.”

Julie Beyer, a 51-year-old registered dietician who works with IC patients in Auburn Hills, Mich., said she’s talked with many patients who compare the impact of an IC diagnosis to going through the stages of grief, a lot like what Sanders described. And those stages can come at different times for each spouse.

For Beyer personally, though her symptoms started in high school and kicked up when she got married a couple of years later, she wasn’t actually diagnosed until she was 38. She and her family were building a new house and the stress from it triggered her symptoms to be even worse. She wasn’t the only one frustrated as she went from doctor to doctor searching for a diagnosis.

“My husband was just as worried as I was,” she said. “He didn’t get it. Once we got the diagnosis, we had to learn together.”

In the hardest days early on, Beyer’s husband would make her scrambled eggs. He wasn’t sure what else to do, so scrambled eggs were his way of showing that he cared and was trying to help however he could.

Staying strong through flares

Once the initial shock of diagnosis wears off, daily life with IC begins in a marriage. The disease brings with it both mental and physical needs to be dealt with. Tripp pointed out that physical and mental health are interconnected.

“In my mind there is no difference between pain and mental health,” he said. “Pain has long been defined as a sensory and emotional event. In fact, pain signals that travel up our spinal cord to reach the higher brain centers are not only sent to areas of the brain that work to coordinate escape movements but are also sent to emotional areas of the brain as well, simultaneously.”

As such, spouses need to understand that their reactions can greatly help or hinder the IC patient’s mental and physical health.

“[Spouses of IC patients] need to know that spousal support can have a huge positive or negative impact on their lives and their symptoms, which are obviously tangled together,” Tripp said. “Support from a spouse that aids a patient in engaging the world and helps them be distracted from their pain and focused on wellness can make a large difference.”

Support from a spouse that aids a patient in engaging the world and helps them be distracted from their pain and focused on wellness can make a large difference.”

Beyer learned that firsthand early on. When her symptoms were at their worst, she was helping her husband wallpaper the kitchen. He got cross with her about something and she immediately doubled over in pain, feeling as if someone had just stuck a knife into her bladder. Her husband struggled to understand how she could have been fine five minutes before and struck so severely so quickly.

“That was something I didn’t quite understand at the time,” she said. “But, that’s how quickly stress can affect the body.”

Like so many other couples dealing with IC, Beyer and her husband have learned how to navigate flares to stay strong in their marriage. These days her symptoms are more under control, but her husband does extra things for her such as buying a car with heated seats to help her on car trips to visit their children.

“It’s almost like you’re renegotiating your marriage contract because neither one of you signed up for this,” Beyer said.

For Wayne and her husband, the IC diagnosis changed their wedding plans. They were going to get married in 2006, but after Wayne was diagnosed with IC and her husband got a new job, they decided to wait another year instead.

“We both ended up being very happy with our decision,” she said. “By the time of our wedding in 2007, I had my IC under control, and he was established at his new job.”

Even after walking down the aisle, her husband continues to be supportive of Wayne whenever her IC does flare.

“My husband is very good about allowing me to relax and take it easy,” she said. “He will ask if I need my heating pad, water or meds. He will rub my back. He’s a very good listener and allows me to cry on him if I need to. Crying is my way of dealing with pain and stress.”

Sanders’ husband has been similar. She said he is very sympathetic which helps her most. He’s willing to try anything to help ease her pain. Recently, the couple has been trying to use distraction to help with pain management.

“He never acts like it’s no big deal and takes it very seriously,” she said. “That can do a world of good – just to [have him] understand as much as anybody can that doesn’t have it.”

Sanders mentioned that her husband has also learned there are times when he needs to just leave her alone to deal with her anger and frustration about IC.

Kathleen Hancock, an office manager in Vancouver, Canada, has been married for 12 years. Her IC symptoms started in 1999 after having a miscarriage, though she wasn’t officially diagnosed until 2004.

“My husband is awesome,” she said. “If not for him, I’d have been admitted to the loony bin by now.”

When she flares, he helps her settle into the couch with her heating pad, medicines and snacks – whatever she needs. And he works to ease her mental anxieties as well.

“He is so funny,” Hancock said. “He has a great sense of humor. He will do anything to ease the pain. Just knowing he is there helps. He always says if he could switch places with me and take my pain away he would.”

Hancock has other chronic condi-
tions as well, including vulvodynia, vestibulitus, IBS and endometriosis. Combined together, her conditions can make intimacy with her husband a challenge.

“There have been times when we couldn’t do anything for weeks,” she said. “I got assurances and love like hugs and massages to make me feel better. I feel so blessed to have him in my life and by my side. It takes a special kind of man to stand beside and help his wife who has IC.”

Dealing with unsupportive spouses
And while some spouses have risen to the challenge of supporting their IC patients, not all spouses have reacted the same way. Tripp said the best thing for patients to do is talk openly and honestly with their spouses, even though that can be difficult.

“This may be very challenging for many patients because they are fatigued, feel the spouse will not listen or feel that they do not have all the answers they need to address this issue with those they love in a meaningful way,” he said. “BUT, patients need to know that if they do not try to speak and collect positive support, they will only be further isolating themselves with their pain and symptoms.”

He also suggested seeking out counseling with a provider who has expertise in pain if necessary. Tripp and his colleagues concluded through their study that some spousal training may be needed in the future for treating IC patients.

Beyer has seen IC patients facing such challenges and the impact they’ve had.

“If you’re constantly living under the stress of when you first get diagnosed with an illness and you’ve got somebody who doesn’t understand, it isn’t just one more thing [to deal with],” she said. “It almost doubles everything.”

She also cautioned, however, for patients to not assume that just because someone is unsupportive in the beginning that he/she will remain that way.

“They’re going through stuff, too,” Beyer said. “Give people a chance to go through that period. It’s not going to happen overnight.”

Above all, Sanders, Wayne, Beyer and Hancock all agreed that patience is important for both sides.

“As much as we want to ask them for patience, we need to be patient with them, too,” said Beyer. “This is what they mean ‘for better or for worse.’”

* Some names have been changed in part to protect identity.

ProSirona Shows Modest Effectiveness at Reducing IC Discomfort
by Jill Osborne

Interstitial cystitis and endometriosis are collectively known as the “evil twins” for their frequent co-existence in many patients. In early 2013, I noticed that the Endometriosis Association was promoting an all natural product for pain relief to their membership. ProSirona is a simple, topical treatment developed to reduce pain, promote muscle relaxation and blood flow to the pelvis using a non-toxic oil derived from the marigold plant. Because it had a solid track record of success in the endometriosis community, I had to wonder if it might provide relief for interstitial cystitis and/or pelvic floor pain.

I provided free samples to ten female volunteers with IC recruited through our Facebook page. (No men volunteered) Six completed their month long diary and returned their forms. 2/6 reported that their pain improved 50%. 2/6 reported that their pain improved 25%. 2/6 reported no improvement. No side effects were reported by any participant.

One patient wrote “The sensation I felt after applying ProSirona reminded me of the same feeling I have during acupuncture. Also, applying heat helped increase its effectiveness.” Another wrote “It helps with mild flareups but not moderate to severe flareups.”

One also reported that it helped tremendously with non-IC pain. One said “I used ProSirona on my knee before surgery and after. It helped about 90% in reducing knee inflammation and pain.”

When asked if we should tell other IC patients about it, they all said “Yes!” With their encouragement, we introduce this to the IC community with the hope that it MIGHT help reduce some of your discomfort. It’s affordable, has no side effects and, in our opinion, is an OTC option worth exploring! In the product description, you’ll find links to Frequently Asked Questions AND Instructions For Use directly from the manufacturer!

**How does it work?** ProSirona works by inhibiting or stopping the nerve impulse signals as they travel from one nerve to another. According to the Endometriosis Assn., this reduces pain signals sent to the brain thereby inducing relaxation. This then increases the flow of blood and oxygen to the area, providing even greater relief.

**How is it applied?** ProSirona comes in small glass bottles with a roll on applicator. After removing the cap, simply roll a generous amount directly onto the area of discomfort. For best results, the area should be clean and free of all skin care products, perfumes or other topical medications. Once ProSirona is applied, it will take a few minutes to take affect.

Available now at the ICN Shop - http://www.icnsales.com

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**GUIDE TO MANAGING IC FLARES • 23**
Are you afraid to eat during flares?? You shouldn’t be. There are plenty of IC friendly foods that you can enjoy even on those tender bladder days. Of course, we all have our own individual sensitivities to consider but, for the most part, fresh healthy foods are ideal and, in some cases, quite soothing to the bladder.

Here are some recipes that have been submitted over the years by IC patients to the IC Chef Cookbook on our website as well as some favorites from:

• Bev Laumann, A Taste of the Good Life: A Cookbook for an IC Diet
• Chef Daniel Norton, My Food Style
• Julie Beyer RD, Confident Choices: A Cookbook for IC and OAB
• Mia Elliot, The Happy Bladder Cookbook

We encourage you to play, explore and adapt these recipes to fit your own diet needs and preferences. You can find many more by visiting our website today and/or purchasing any of the above cookbooks from our website.

**Breakfast Ideas**

**French Toast That Will Rock Your World**
by Ollie R

Hawaiian sweet bread, cut into nice thick slices

1 egg

Splash of milk

3/4 Tbsp. cinnamon
1/2-1 Tbsp. white sugar

Whisk egg, milk, cinnamon and sugar. Dip bread slices into mixture and heat on a pan or griddle. I do not use pam or butter and it does not stick. I lightly spread on butter after and top lightly with powdered sugar. It does not bother my IC, but I’m not sure if the bread would bother anybody who is extremely diet sensitive. (Editor’s Note: Try an Italian sweet bread if you’re sensitive to Hawaiian bread)

**Mini Frittatas**
by Stacey79

I came across a recipe for mini frittatas and tried making them for my daughter. They turned out well. I made some substitutions based on what I had on hand, but they work well for breakfast/brunch or a snack even. I did use onion in mine because my bladder tolerates it, but if onion is a problem for you, then skip it. The Parmesan cheese could also be substituted for another cheese, like mozzarella, that is even more IC friendly.

3 large eggs
2 tablespoons milk
2 tablespoons grated Parmesan cheese
1/4 cup diced onion
3/4 cup diced broccoli (if using frozen broccoli, thaw first in microwave then dice)

Preheat oven to 375°. Spray or grease muffin tins. Whisk the eggs and milk together. Add the cheese, onion and broccoli. Pour egg mixture into muffin tins until 2/3 full. Bake for 12 to 14 minutes or until edges are slightly golden. Cool and serve. Makes 8 frittatas (can use the same mixture to make 12 with a mini muffin pan if desired)

**Zucchini Omelet**
by Diane M

eggs

white mushrooms - thinly sliced
zucchini - finely diced
olive oil or canola oil
dried basil
garlic powder if you can tolerate it mozzarella cheese

Sauté thinly sliced mushrooms and finely diced zucchini in oil with a sprinkle of basil and a tiny, tiny sprinkle of garlic powder - until cooked soft. Scramble eggs and pour into the pan. (I use one whole egg and 2 egg whites). When the egg has set, put the zucchini/mushroom mix on it and sprinkle mozzarella cheese on it. Fold the omelet and turn a few times for it to set together. Enjoy with toast!
Italian Breakfast Eggs
by Bev L

olive oil or non-stick vegetable spray
1/3 cup grated low-fat mozzarella cheese
2 eggs
3 egg whites
1/4 cup low-fat milk
1/4 tsp. ground nutmeg
dash salt

Preheat oven to 350°. Fill a large roasting or baking pan or a shallow casserole dish with about three-quarters of an inch of warm water and set it on a shelf in the center of the oven. Coat the insides of four custard dishes with olive oil or a non-stick vegetable oil spray. Thoroughly whisk together the eggs, egg whites, milk, nutmeg, and salt. Divide among the custard cups. Sprinkle with the grated cheese. Set the cups into the water in the oven. Bake at 350° until eggs are set, about 15 to 18 minutes. Carefully remove cups and dry before serving.

Oatmeal Muffins
1 egg
3/4 cup milk
1/4 cup Canola oil
1 cup preservative free flour (Arrowhead Mill brand)
1/2 tsp. baking soda
1 tsp. baking powder
1/2 tsp. salt
1/3 cup brown sugar
1 cup rolled oatmeal

Combine wet ingredients in a small bowl, mix well. Combine dry ingredients in a larger bowl and then add egg mixture and stir until moistened. Put in greased tins or use baking cups for easy clean up. Bake at 400° for 15-20 minutes. Yield 12 muffins. You may also vary this recipe by adding 1 1/2 grated pears and 1/2 tsp. cinnamon.

Pear-Cardamom Bread
by Kelly B

1 2/3 cups Gold Medal All-Purpose Flour
3/4 cup sugar
1 1/2 tsp. baking powder
3/4 tsp. salt
1 tsp. ground cardamom
1 1/2 cups chopped unpeeled pear

Cardamom Topping
(mix 1 Tbsp. sugar and 1/4 tsp. cardamom)

Heat oven to 350°. Grease bottom only of loaf pan with shortening. Mix all ingredients except Cardamom Topping in large bowl; beat 30 seconds with spoon. Pour into pan. Make Cardamom Topping; sprinkle over top. Bake 8-inch loaf 50-55 minutes; 9-inch 60-65, or until toothpick inserted in center comes out clean. Cool 10 minutes; remove from pan to wire rack. Cool completely, about 1 hour.

Blueberry Coffeecake
by Bev L

1/4 cup stick margarine, softened
8 oz. nonfat cream cheese
1 cup sugar
1 egg
1 cup all-purpose flour
1-1/4 tsp. baking powder
1/4 tsp. salt
1 tsp. vanilla extract
2 cups blueberries
Vegetable cooking spray
2 Tbsp. sugar
1 tsp. ground cinnamon or 1/2 tsp. ground nutmeg

Cream margarine and cheese together. Gradually add 1 cup sugar, beating at medium speed of a mixer until well-blended. Add egg; beat well. Combine flour, baking powder, and salt; stir into creamed mixture. Stir in vanilla; fold in berries. Pour into a 9-inch round cake pan coated with cooking spray. Combine 2 tablespoons sugar and cinnamon; sprinkle over batter. Bake at 350° for 1 hour; let cool.

Lunch Ideas

Snappy Cottage Cheese Salad
by Bev L

3/4 cup low-fat cottage cheese
1/4 cup bell peppers, chopped
1/4 teaspoon dried basil
1 Tablespoon fresh radish, chopped fine

Combine all ingredients, mixing well. Serve on lettuce or alone. (Approx. 132 calories, 2g. total fat.) This goes well with a fresh pear and some thin-sliced roast beef.

Easy IC Style Tuna Sandwich
by Bev L.

2 slices sandwich bread (without preservatives)
1 can pure tuna (Star Kist Gourmet’s Choice Tuna Fillet, in water—this kind does not have soy or flavor enhancers, unlike others)
margarine, tub kind
salt
1 Tbsp. chopped fresh parsley (or 1 tsp. dried chervil for low oxalate)
red lettuce leaf

Spread margarine generously on one side of each piece of bread. Drain the tuna and break up with a fork. Mix with the parsley and a dash of salt. Arrange tuna on one bread slice, top with lettuce and other bread slice.

Turkey Melt
by Chef Dan Norton

12 slices of turkey lunch meat - fresh or boiled, without heavy preservatives or flavorings
4 slices of cheese - any cheese you can eat
4 large pieces of iceberg lettuce
1 Tbsp. avocado mayonnaise - recipe found below
8 slices of bread - any IC safe bread will work
8 English cucumber slices - cut from end to end, resembling long sliced pickles

Avocado Mayonnaise - Homemade
1/2 teaspoon of fresh garlic
1/8 teaspoon of salt
1 large pasteurized egg yolk
1 cup of olive oil
1 Tbsp. lemon zest (optional)
1 avocado - diced

Add egg yolks, lemon zest, salt, and garlic to a food processor. While the machine is blending, slowly add the oil, drop by drop at first. When the mixture begins to thicken, slowly pour the remainder of the oil in a very thin stream until fully incorporated. Make sure you add the oil
slowly. The mayonnaise should be thick enough to withhold its own shape. Add the avocado to the mayonnaise and continue to blend until well incorporated.

Begin by toasting the bread. Melt the cheese on top of the turkey in the microwave. Spread the avocado mayonnaise on the toasted bread, top with lettuce and cucumber and finish with the heated turkey.

**Slow-Cooked Beef Soup**

by Bev L

1 lb. beef stew meat, cut in bite sized chunks
2 Tbsp. flour
2 Tbsp. olive oil
1 14-oz can beef broth
1 cup water
1-1/2 cups baby carrots, cut in half
2 large boiling potatoes, peeled and cut in chunks
1 cup frozen peas
2 cloves garlic
1 bay leaf
1 Tbsp. flour, cornstarch, or arrowroot
1 tsp. brown sugar
1/2 tsp. salt
1/4 tsp. ground allspice
1 pinch ground cardamom
1/4 cup cold water

In a brown paper bag or plastic food storage bag, shake beef chunks with the 2 tablespoons of flour to coat. In a large skillet, brown the beef in olive oil. Remove beef to the slow cooker. Add beef broth and one cup of water to the hot skillet, scraping up the browned bits. Pour into the slow cooker. Add carrots, potatoes, peas, garlic, and bay leaf to the slow cooker.

In a small bowl or a cup combine the tablespoon of flour, the brown sugar, salt, allspice and ground cardamom. Gradually stir in the cold water to make a smooth mixture. Pour over the meat and vegetables. Put the lid on and cook until meat is tender, usually about four hours if set on high. (Time may vary. Check the instructions for your slow-cooker and use the time recommended for soups or stews.)

**Baked Potato Soup**

Bake 4 good-sized potatoes. Cool and peel. Put about 2 through a potato ricer, add salt, white pepper, garlic salt to taste. Dice the remaining potato. In saucepan, melt 2 Tbsp. butter, add 2 Tbsp. flour, and after mixed and thickened (don’t let brown), 1 cup cream (pour the cream in all at once). Let cook until thick. Add 1 can chicken stock, potato mixture, diced potatoes, butter and sour cream and season to taste. (Use milk or more cream if too thick.) (Note: I usually roast a few cloves of garlic to mix in.)

**Simple Chicken Soup**

by Cynthia

2 Tbsp. butter
1/2 medium onion diced (skip onion if you can’t tolerate and add one more garlic clove)
3 cloves garlic, minced
1 medium carrot, sliced
1 medium celery stalk, sliced
1/4 to 1/2 cup frozen peas and green beans (cut in half)
2 tsp. dried parsley
1 Tbsp. dried tarragon
salt and pepper to taste (use pepper only if you can!)
1 small boneless/skinless chicken breast cubed into 1/2 inch pieces
1 cup of low sodium chicken broth

Get your noodles cooked if you haven’t already and set aside. Melt butter in another pan. Sauté onions until almost translucent, then add garlic and sauté for another minute. Add the herbs, carrots and celery and continue to sauté for a couple more mins. Add the chicken broth and bring to a low simmer. Cook with a lid on for about 20 to 30 minutes until the carrots are tender. Add your peas and green beans and cook for another minute or two. When it’s back to a good simmer throw in your cubed chicken and cook until done (2 to 5 minutes, depending on the size of the chicken pieces). Add your drained noodles. Season with salt and pepper to taste and enjoy!

**Chicken Tortellini Soup**

4 1/2 qt low-sodium chicken broth (homemade or canned)
1 pkg (9 oz) cheese-filled spinach tortellini
3/4 lb stemmed spinach leaves, rinsed well, drained, and chopped
1 lb. boneless and skinless chicken breasts, cut into 1/2-inch chunks
1/2 lb. mushrooms, sliced
1 cup cooked white or brown rice
2 tsp dry tarragon leaves
Grated Parmesan cheese (optional)

In an 8-10 qt. pot, bring chicken broth to a boil over high heat. Add tortellini, cook until al dente. Add spinach, chicken, mushrooms, rice, and tarragon; return to a boil over high heat. Reduce heat, cover, and simmer until chicken is no longer pink in the center (about 2 minutes). Sprinkle Parmesan cheese if desired.

**Pasta Ideas**

**Creamy Fettucine with Zucchini and Mushrooms**

1 lb. pkg. fettuccine
1/2 c. butter
1/2 lb. mushrooms
1.25 lb. zucchini
1 c. half-and-half
3/4 c. Parmesan cheese
1/2 c. parsley

Cook fettuccine al dente. Cut zucchini into julienne strips. While pasta is cooking, sauté mushrooms and zucchini in butter for 2 minutes. Add half-and-half to sauté; reduce heat and simmer for 3 minutes. Add cooked fettuccine to sauté, along with cheese and parsley, and toss to mix well.

**Garden Primavera Pasta**

1 lb. mixed, precut vegetables, frozen or fresh
1/2 lb. angel hair pasta
1 cup shredded mozzarella cheese
1 Tbsp. olive oil
1 tsp. garlic salt

Bring a large pot of salted water to a boil. Add vegetables and cook until almost crisp tender, about 5 minutes. Add pasta and cook another 3 minutes. Drain, put back in pot and mix with remaining ingredients. Serve immediately. This is excellent with sautéed mushrooms on top.
Turkey or Chicken Tetrazzini
8 oz. dried noodles or fettuccine, cooked according to package directions and drained
2 Tbsp. olive oil
2 cloves garlic, mashed
3 Tbsp. chopped fresh parsley
1/2 lb. fresh mushrooms, sliced
1 bay (laurel) leaf
6 Tbsp. butter
2 Tbsp. flour
1 1/4 cup hot chicken or turkey broth
1/2 cup half and half (light cream)
2 cups diced cooked turkey or chicken broth

Heat the olive oil in a saucepan over moderate heat. Add the garlic, parsley, mushrooms, bay leaf, and cook for about 4 minutes, stirring frequently. Place the butter in a separate saucepan and melt over moderate heat. Add the flour and blend well, cooking for about 2 minutes to form a roux. Add the chicken or turkey broth and stir constantly until the mixture thickens. Remove from the heat and add the half and half and stir well. Place the drained cooked noodles in a buttered casserole dish and top with the mushroom mixture. Arrange the turkey on top of the mushrooms, and pour the cream sauce over all. Bake in a preheated 350° oven for about 15 minutes.

Main Courses

Hearty Beef and Barley Stew
by Mia Elliott

I love beef stew in the winter, but I had the hardest time finding recipes that don’t call for at least one of the IC ingredient “baddies.” Nearly every published recipe for this comfort food favorite includes either beer, wine or tomatoes. Luckily, I discovered that beef stew really doesn’t need any of those acidic ingredients. When the simple flavors of beef and barley no longer have to compete with a slew of other acids, the meaty and downright beefy character of this classic stew truly comes to life.

2 lbs. sirloin, or beef stew meat, cubed into 1-inch pieces
2 Tbsp. olive oil
2 32 oz. packages high quality beef broth or stock
2 cups sliced carrot
1 cup chopped yellow onion
2 cups chopped leek
5 large garlic cloves, minced
2 cups frozen peas
1 tsp. kosher salt
1 tsp. freshly ground black pepper
1 tsp. dried thyme
4 bay leaves
1 cup pearl barley

In a large stockpot or dutch oven, heat 1 tablespoon olive oil over medium high heat until it shimmers. Add half of the beef and brown well on all sides (about 5 minutes) and remove beef from the pan onto a plate. Repeat with the remaining beef. It is important to brown the meat in batches, because if you add it to the pan all at once, the meat will never get a good sear and will end up steaming in the pan. A nice brown crust on the meat might not seem that important, but it’s really an essential part of any good, flavorful beef stew.

Add the remaining 1 tablespoon of olive oil and sauté the leek, onion, carrot and garlic over medium high heat and cook until lightly browned, about 4-5 minutes. Add the broth, salt, pepper, thyme, and bay leaves and bring to a boil. Lower the heat, and add to a slow, but steady simmer. Cook for an hour and 15 minutes. Add barley and frozen peas, and simmer for 45 minutes or until the barley is fully cooked and the beef is fall-apart tender.

Beef Rib Eye Roast with Potatoes, Mushrooms, and Fancy Pan Gravy
1 Tbsp. chopped fresh rosemary leaves
2 garlic cloves, minced
2 tsp. kosher salt
1 tsp. freshly ground black pepper
1 beef rib eye roast (about 4 lbs.)
1 Tbsp. vegetable oil
4 lbs. small new potatoes cut in half
1 lb. large white mushrooms, quartered

Preheat oven to 350°. In a small bowl mix together the rosemary, garlic, salt, and pepper; spread evenly over the surface of the roast. Place roast, fat-side-up on a rack in a shallow roasting pan. Insert a meat thermometer into the center of the roast, place pan in the center of the oven, and cook for 40 minutes. Remove pan from oven. Toss potatoes with oil and add to the pan, stir to coat with the juices, and season with salt and pepper.

Return pan to oven and continue to cook for 20 minutes. Add the mushrooms, stir to coat, and continue cooking for 40 more minutes. Mix together the butter and flour and set aside. Remove roast (thermometer should read 130°F) to a cutting surface and let sit 15 minutes before carving; place vegetables on a serving platter. Pour the pan juices into a small saucepan and skim off the fat. Add the additional beef broth, bring to a boil and let cook for 3 minutes. Lower the heat, add the butter and flour mixture and whisk carefully to incorporate. Carve beef and serve with gravy, mushrooms, and potatoes.

Baked Chicken Nuggets
by Julie Beyer RD

2 boneless chicken breasts or 3 boneless thighs
1 c. finely crushed bread crumbs
1/2 tsp. salt
dash pepper, if tolerated
1/2 tsp. basil
1/4 cup melted butter (or 1/4 cup skim milk or buttermilk)

Preheat oven to 400°. Cut chicken into 1 1/2 inch squares. Combine dry ingredients in a small bowl. Dip chicken pieces in melted butter and then in crumb mixture. Pat crumbs on to coat. Place on a greased baking sheet and bake for ten minutes. Turn chicken over and then back for another 5-10 minutes until golden brown.
Roasted Salmon with Rosemary and Yukon Gold Potatoes by Mia Elliott

four 6 oz. salmon fillets  
1 heaping Tbsp. minced garlic  
2 Tbsp. fresh Italian parsley  
1 tsp. chopped fresh rosemary  
1/4 cup good quality extra virgin olive oil  
1 lb. Yukon Gold potatoes, sliced 1/8 of an inch thick kosher salt and freshly ground black pepper

Preheat the oven to 450°. In a small bowl, combine the olive oil, garlic, parsley and rosemary. Add half of the olive oil mixture to the thinly sliced potatoes in a medium bowl until fully and evenly coated. Season the potatoes generously with salt and pepper. Spread the potatoes in a thin layer in a large oven-proof baking pan or skillet (I use a large 12 inch metal skillet with high sides). Bake the potatoes for about 15 minutes or until halfway done.

Place the fish fillets on top of the potatoes, and pour the remaining olive oil mixture over the fish and potatoes. Sprinkle the pan generously with salt and pepper. Bake until the fish is cooked and flakes easily with a fork, about 12 minutes more.

Breads

Yankee Cornbread

1-1/2 c. all-purpose flour  
1 c. yellow cornmeal  
1/2 c. sugar  
4 tsp. baking powder  
1/2 tsp. salt  
1-1/4 c. milk  
2 eggs plus 1 egg white, slightly beaten  
6 Tbsp. vegetable oil  
2 Tbsp. melted butter  
3 Tbsp. 100% pure maple syrup  
1/4 tsp. vanilla extract

Preheat oven to 350° and grease or generously spray a loaf pan with a non-stick oil spray. Combine flour, corn meal, sugar, baking powder and salt in large bowl. In a smaller bowl whisk together the milk, eggs, corn oil, melted butter, maple syrup, and vanilla. Add to the dry ingredients a stir just until well blended. Pour into prepared loaf pan. Bake at 350° for 35 minutes or until a toothpick inserted in the center comes out clean. Serve warm or at room temperature.

Irish Soda Bread

2-1/2 cups whole wheat flour  
1 cup all-purpose flour  
2 Tbsp. sugar  
1-1/2 tsp. baking soda  
1 tsp. salt  
4 Tbsp. butter (room temperature)  
1 egg  
1-1/4 cups buttermilk (room temperature)

Mix together all the dry ingredients in a large bowl. Using your finger tips, work the butter into the flour mixture until the mixture resembles bread crumbs. Beat the egg and buttermilk in a separate bowl, and gradually add to the flour mixture. Mix with a spoon at first, and then by hand or mixer when the dough becomes stiff. On a lightly floured work surface, work the dough to thoroughly blend all the ingredients. Do not knead. Sprinkle with flour if the dough should stick. Shape into a round ball and pat the top down slightly, and place on a greased or non-stick baking sheet. Cut a 1/2 in (1 cm) deep cross in the top using a sharp knife or razor blade.

Bake in 400° oven for about 45 minutes, or until it has browned and the cuts have expanded. Remove from oven and cool on a wire rack before slicing.

Focaccia Bread

1/4 cup olive oil  
1 onion chopped  
1/2 tsp. granulated sugar  
1 1/2 cups warm water  
1 1/2 tsp. active dry yeast  
2 Tbsp. olive oil  
1/2 tsp. salt  
3 cups all-purpose flour  
1 Tbsp. chopped fresh rosemary  
Crimeall  
Coarse salt

In skillet, heat 1/4 cup olive oil over low heat; cook onion, stirring occasionally, for about 30 minutes or until golden. Let cool. Meanwhile, in large bowl, dissolve sugar in warm water. Sprinkle with yeast and let stand for 10 minutes or until frothy. Stir in 2 Tbsp. olive oil and salt. Add 2 cups of the flour and beat with electric mixer for 2 minutes or until smooth and elastic. Gradually stir in remaining flour, onions and rosemary.

Turn out onto lightly floured surface and knead lightly until smooth and elastic, adding flour as needed for 8 to 10 minutes. Place in greased bowl, turning to grease all over. Cover and let rise for 35 to 45 minutes. Punch down. Divide in half; pat each half into flat round. Let rest for 5 minutes; stretch into 10-inch rounds. Place on greased baking sheets sprinkled with cornmeal.

Cover and let rise for 35 to 45 minutes. Brush tops with olive oil; sprinkle with coarse salt and rosemary. Bake in 375° oven for 25 to 30 minutes or until bottom is browned and crisp. Let stand for 10 minutes. Cut into wedges to serve. Makes 2 rounds.

Easy Italian Bread Sticks by Bev L

1/2 cup warm water  
1 tsp. dry yeast  
1-1/4 cups all-purpose flour  
1/4 tsp. salt  
1/2 tsp. sugar  
1/2 tsp. dried oregano  
1 Tbsp. olive oil  
1 egg white  
2 tsp. sesame seeds

In a small dish stir dry yeast into warm water (120° to 130° - warm to the wrist). Set aside about 5 minutes. Meanwhile, in a medium-sized bowl combine about half a cup of the flour with the salt, sugar and oregano; mix together well. Stir in the oil and softened yeast. By hand, gradually add the remaining flour to make a firm dough (may be a bit more or less than given amount).

Knead on a lightly floured surface about six or seven minutes. Place in an oiled bowl and lightly oil top of dough. Cover and let rise in a warm place (80° to 85°) until double in volume, about 40 minutes. Preheat oven to 400°. Punch dough down and divide in thirds. Divide each third into three pieces. Roll
each piece into a rope about 7 inches long. Place about an inch apart on a non-stick or greased cookie sheet. Brush tops of bread sticks with egg white. Sprinkle with sesame seeds.

Bake at 400° for 17 to 20 minutes until golden brown on top. Remove and cool slightly before serving. Good served with Linguine with White Clam Sauce (see Fresh Tastes, Apr. 98).

Veggies

Sweet Potatoes with Marshmallows and Almonds
by Chef Daniel Norton
4 pounds of sweet potatoes (yams), peeled, cut into 1-inch pieces
2/3 cup packed golden brown sugar
5 tablespoons butter
1-1/2 tsp. allspice
1/2 tsp. salt
2 cups miniature marshmallows
1/2 cup sliced almonds

Preheat the oven to 375°. Arrange the sweet potatoes in a 13 x 9 x 2 baking dish.

In a small saucepan melt the butter and then add the salt and allspice. Bring butter to a slight boil and stir until the sugars have dissolved. Pour the sweet butter mixture over the sweet potatoes, and toss to coat. Cover the potato dish tightly with foil and bake for 45 minutes.

After 45 minutes, remove the aluminum foil and continue baking for an additional 20 minutes. Remove the potatoes from the oven and top with the marshmallows and almonds. Increase the oven temperature to 500°, return the dish to the oven, and bake until the marshmallows are golden brown.

Latkes with Applesauce - Potato Pancakes
by Chef Daniel Norton
3 Tbsp. vegetable oil (any oil will work)
1 egg, lightly beaten
3 scallions, sliced as thinly as possible
4 russet potatoes, peeled – wait to shred because they will discolor
Salt

Applesauce
6 Fuji apples, peeled, cored and quartered
1 cup unfiltered pear juice
2 Tbsp. butter
3 Tbsp. honey
1/2 tsp. ground cinnamon*** - if you can tolerate it.

Heat the oil in a large non-stick skillet. Shred the potatoes and immediately combine them with scallions and egg, then season the mixture with salt. Scoop a heaping tablespoon of potato mixture into the skillet and then flatten with the back of the spoon. Continue cooking four pancakes at a time. When pancakes are brown, flip to other side and continue to brown. Place the finished latkes and move them to paper towels to drain and season with salt.

In a sealable microwave-safe container, combine apples with all other ingredients. Close the lid, leaving one corner of the lid open to allow some steam to escape.

Microwave the apples on high for 10 minutes. Using a hand blender or potato masher, blend the applesauce to your desired consistency. You may serve the applesauce hot or chilled.

Green Beans Almondine
by Julie Beyer
10 oz. bag of frozen french-cut green beans
1 Tbsp. olive oil
1/2 cup almond slices or slivers
2 tsp dried basil

Steam green beans over medium heat in 1/2 cup water. Drain off extra water. Drizzle olive oil over beans. Add almonds and basil; toss to season. Add salt and pepper to taste.

Zucchini Primavera
by Bev L
2 cups fresh zucchini squash, sliced
3 Tbsp. butter or margarine
3 medium cloves garlic, sliced
1/4 cup peeled, grated fresh carrot
1 tsp. fresh basil, minced or 1/2 tsp. dried basil
2 Tbsp. sliced, blanched almonds (optional)
salt to taste

In a large skillet, over medium heat melt butter and sauté garlic till tender while stirring. Stir in zucchini and basil, coating with butter. Reduce heat, cover, and simmer about 5 minutes, stirring occasionally. Stir in the grated carrot, almonds, (and salt if desired), cover and cook a minute more, and serve. Great over rice or pasta shells, or as a side dish with flame-broiled chicken.
Baked Acorn Squash
Cut squash in half, removing the seeds. Place on a baking sheet cut side down. Bake in an oven at 350° until the skin and flesh is easily pierced with a fork. Time depends upon the size of the squash and could be anywhere from 30 minutes to 1 1/2 hours. Remove from oven and cool slightly. Remove inside flesh with a spoon and place in a mixing bowl, leaving outside skin intact in a bowl shape for later use. Mash the squash with butter, seasoning with a dab of brown sugar and cinnamon to your taste. Blend thoroughly and then spoon the squash back into the squash shells. Bake for ten minutes additional minutes for a luscious, rich, satisfying and very bladder friendly dish.

Desserts
Toasted Almond Cornmeal Biscotti
by Mia Elliott

These biscotti are my mother's recipe and they are truly the best I've ever had. They are addictive with an irresistibly crunchy texture that is perfect for eating alone or dipped into any warm beverage.

1/2 cup butter, softened
3/4 cup sugar
2 eggs
1 teaspoon vanilla extract
1/2 cup yellow cornmeal
1 1/2 teaspoon baking powder
1/4 teaspoon salt
1 1/2 cup toasted almonds, chopped

Preheat oven to 325°. In a large mixing bowl, beat the butter and sugar until fluffy with an electric mixer. Add eggs, one at a time; add vanilla. In separate bowl, combine next four ingredients. Add to butter mixture; beat until just blended. Stir in 1 cup almonds. Divide dough in half. Form each half into a 12 inch log. Place on greased baking sheet. Top with remaining nuts.

Bake 45 minutes and cool 5 minutes. Cut each log into 12 slices then place cut-side down on the same sheet. Bake 20 minutes or until golden, turning once. Cool on a wire rack.

Scottish Shortbread
2 cups unsalted butter, at room temperature
1-3/4 cups powdered sugar
4-1/3 cups flour
2 Tbsp. granulated sugar (or to taste)

Cream the powdered sugar and the butter, and mix in the flour a little at a time until thoroughly blended. Spread in about 1/2 inch thickness on a cookie sheet, and prick all over with the tines of a fork. Bake at 300° for about 30 minutes, until light golden brown. Sprinkle with granulated sugar immediately after removing from oven and allow to cool for 10 minutes before cutting into bars or squares. Allow to cool completely before removing from pan. Makes about 30 to 40 squares.

Quick Peppermint Ice Cream or Pie
by Bev L
1 pint Haagen-Dazs vanilla ice cream
2/3 cup of crushed peppermint candies or candy canes
1/4 teaspoon peppermint extract

Crush peppermint candies by placing between clean kitchen towels (or paper towels) and hitting with a meat hammer, or other heavy object. (About 7 or 8 6-inch candy canes will make 2/3 cup crushed). Sprinkle the extract over the crushed candy. With a large spoon, quickly stir the crushed candy into the ice cream. Ice cream will begin to soften and turn pink, so work quickly. No need to have it completely blended. Return to freezer for 30 minutes. Remove from freezer and allow to soften for 5 minutes. Serve in fancy bowls, with a dollop of whipped cream on top. Mix well all ingredients except nuts and raisins in a large bowl. Fold in nuts and raisins. Bake in 8” x 8” pan for 30-40 minutes at 350°.

Oatmeal Carrot Bars
by elinor
1/2 cup brown sugar
1/3 cup margarine, melted
1 egg
1/2 tsp. vanilla
3/4 cup shredded carrots
1 tsp. baking powder
1/4 cup wheat germ
1/2 cup chopped dates or finely chopped pears

In a bowl, cream together sugar, margarine, egg and vanilla until light and fluffy. Add carrots and mix. In another bowl, thoroughly stir together flour, baking powder, oatmeal and wheat germ. Stir the dry ingredients into the creamed mixture, fold in the raisins. Pour mixture into a vegetable-oil sprayed 9x9x2 inch pan. Bake at 350° for 30 minutes. Let cool before cutting into bars.

Butterscotch Brownies
by Molly
1/4 cup shortening or butter
1 cup light brown sugar (packed)
1 egg
3/4 cup sifted flour
1 tsp. baking powder
1/2 tsp. salt
1/2 tsp. vanilla
3/4 cup butterscotch chips

Heat oven to 350°. Melt butter over low heat. Remove from heat and blend in brown sugar and then cool. Stir in egg. Stir in flour, baking powder and salt. Stir in vanilla and chips. Spread in well greased and floured square pan, 8 by 8 by 2. Bake 20-25 minutes until a light touch with finger leaves slight print. Cut into bars while warm. This is an old recipe and very good!
About Us

The Interstitial Cystitis Network is a health education and social advocacy company dedicated to interstitial cystitis and other pelvic pain disorders. Our mission is to present the best research, information, and support directly into the homes and offices of our users (patients, providers & IC researchers). In addition to our magazines and newsletters, the ICN offers comprehensive support services for patients in the USA and Canada, including the ICN support forum (www.ic-network.com/forum/), bimonthly live support chats (www.ic-network.com/chat/), our patient assistance phone line and the “Living with IC” educational video series currently available on YouTube (www.youtube.com/icnjill/).

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What is IC?

Interstitial cystitis (IC), also known as painful bladder syndrome, bladder pain syndrome or hypersensitive bladder syndrome, is a condition that results in recurring discomfort or pain in the bladder and the surrounding pelvic region. The symptoms can vary greatly between individuals and even for the same person throughout the month, including an urgent need to urinate (urgency), a frequent need to urinate (frequency) and, for some, pressure and/or pelvic pain. People with severe cases of IC/PBS may urinate as many as 60 times a day, including frequent nighttime urination (nocturia).

Pain levels can range from mild tenderness to intense, agonizing pain. Pain typically worsens as the bladder fills and is then relieved after urination. Pain may also radiate to the lower back, upper legs, vulva and penis. Women's symptoms may fluctuate with their menstrual cycle, often flaring during ovulation and/or just before their periods. Men and women may experience discomfort during or after sexual relations.

IC affects patients of all ages, races and cultures. It is found on every continent in the world. Though it was previously thought to be a disease affecting mostly women, new studies suggest that men suffering from chronic non-bacterial prostatitis may also have IC, thus dramatically expanding the population data. It is not unusual for IC to run in families, nor for patients to struggle with a syndrome of related conditions including: IBS, anxiety disorder, vulvodynia, pelvic floor dysfunction, allergies, migraines and fibromyalgia.

There are many treatments and self-help strategies now available that can help improve bladder symptoms dramatically. One excellent place to gather information is on the IC Network website (http://www.ic-network.com), where you can read extensive articles on IC as well as participate in our support forum and chats.

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Why is a low-acid vitamin formula helpful?
If you have a sensitive bladder and/or stomach, you know just how difficult it is to tolerate coffee, orange juice, and, yes, even a simple multivitamin. Patients with interstitial cystitis, prostatitis or stomach ulcers, for example, find it very difficult to tolerate conventional vitamin supplements often due to their high acid levels.

How is MultiRight lower in acid?
MultiRight’s development team at Farr Labs, LLC selected ingredients based upon their pH levels rather than cost. The end result is the first complete multivitamin & mineral daily complex that contains less acid thus reducing the chance of exacerbating bladder and/or stomach irritation. The most acidic ingredient, Vitamin C, is derived from calcium ascorbate rather than ascorbic acid. In addition, we’ve used other natural acid neutralizing ingredients, such as calcium glycerophosphate and sodium bicarbonate, to further reduce acid levels.

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