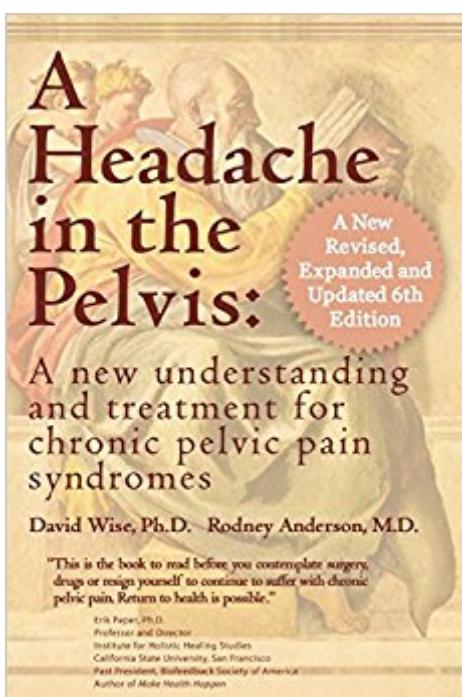


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A Headache In The Pelvis, A New, Revised, Expanded And Updated 6th Edition: A New Understanding And Treatment For Chronic Pelvic Pain Syndromes



Synopsis

This groundbreaking book describes the Wise-Anderson Protocol for muscle-related pelvic pain in men and women, a new and revolutionary treatment developed at Stanford University. The Wise-Anderson Protocol involves the treatment of muscle-related pelvic pain and dysfunction, variously diagnosed as prostatitis, chronic pelvic pain syndrome, pelvic floor dysfunction, pelvic floor myalgia, interstitial cystitis, urethral syndrome, levator ani syndrome, among other related diagnoses affecting some twenty million men and women in the United States. Specifically, The 6th edition of A Headache in the Pelvis adds new research recently published in the Journal of Urology done by the Wise-Anderson team describing the relationship of painful trigger points that refer and re-create specific symptoms of pelvic pain, new research done at Stanford on the relationship between early morning anxiety and those with pelvic pain, and firsthand stories from women who have undergone the Wise-Anderson Protocol, along with other new sections.

Book Information

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Customer Reviews

I am now 22 years old and have always been a very healthy individual and trained some kind of sport almost every day since I can remember myself. Then, one day, without a warning, I collapsed down to the floor and experienced the most pain I have ever felt. I had no idea of what was going on inside my body and I lay on the floor for probably 30 minutes before I made an attempt to stand up. From this moment on until I attended the September Clinic 2009 in Santa Rosa, San Francisco I was in constant pain 24/7. My pain level was 9.5-10/10 at all times, no exceptions! During the first months I began to experience all kinds of symptoms and over this time I had every single symptom described in this book, except the urinary ones. I was terrified. For the first time in my life I began to

isolate myself socially and could not see why I should continue participating in life. I quit my job and only attended important classes at school. I experienced a dark depression every single day because of the immense constant pain which didn't go away, despite everything I tried. I attempted to exercise, but the pain was so great I just broke into tears. Discovering this book was a huge relief for me. When I read that chronic pelvic pain was, in most cases, because of tension in the muscular system around the pelvis my eyes filled with tears because from this moment on I knew I could gain my health back! I knew this because I believe that almost every muscle in the body can be trained, massaged and stretched to a desired state. I read this book in a way I have never read a book before. I felt like this was a godsend to me, like the book spoke to me.

This book does not deal with the problem of nerve entrapment due to any other cause but muscle tension. Many well-regarded pain-management professionals believe as much as 80% of the chronic pain conditions in this country are related to dysfunctional muscle tension, for example, Dr. Bernard Filner in Maryland. But those same proponents of this approach to chronic pain will also tell you that it is never a safe choice to assume that muscle tension is the cause, or even a contributing factor, in your particular pelvic pain without first undergoing adequate medical testing to rule out other potential causes. In the case of pelvic pain, nerve entrapment may also be caused by spinal-disc or abdominal-organ injury or disease; it may be caused by abnormal formations of hard-tissue structures entrapping nerves, or it may be due to adhesions, that is, fibrosis or scar tissue which clings to nerves. These types of medical issues will not be relieved by muscle-release techniques such as this book recommends. Sadly, not everyone in this country who has pelvic-floor pain has the material resources, family support, and patience in the face of extreme pain, to undergo the huge amount of medical screening involved to solve the riddle of pelvic pain, whose true origins are often extremely hard for physicians to determine. The initial diagnostic process is extensive, time consuming and, even with an excellent health-insurance policy, the out-of-pocket portion the patient is required to pay can be quite expensive.

Guys, I want to talk to you about something we don't like to talk about, not even in hushed voices when no women are around. You know what I mean--that pain in our nether regions that feels like someone shoved a golf ball between your testicles and your anus; that burning tightness when you go to the bathroom; the sad dribble when you used to pee in strong manly streams; that sudden dead feeling that makes your sex life a trauma to be avoided. I got this every couple of years, and dutifully trotted off to the urologist who would tell me to assume the position, poke me until tears

leaked from my eyes, tell me I had prostatitis, and then give me a 30 day prescription of his latest favorite antibiotic. He would tell me to take hot baths to bring out the infection from my prostate, and drink lots of fluids because the prostate is like a sponge and needs to absorb a lot of water so that the antibiotic could get in there. I heard the same line from three or four different urologists over three different states and dozens of years. No clue why my prostate was so prone to infections like this, but sure enough after a one month course of antibiotics, the pain went away and all systems were once again "go". Except a month or so ago when I went to see my urologist for the first time in four years with this problem, he told me his thinking about prostatitis had changed. This time when he examined me, he avoided my prostate and went for the pelvic wall. I screamed in pain. He then told me that my urine test had come back clean--no infection. In fact, 90% of the men he saw in his practice who complained of prostate pain had no infection at all. But almost everyone of them had spastic pelvic wall muscles.

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