

The Twelve Month Diaper-Training Program

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*Let me warn you now my pretty ones, this **will** work, this **has** worked, and if you journey down this road, you may never be the same.*

1

Decide what you want: because you can't have both!

I have spent the better part of the past ten years scouring newsgroups and web pages for the magic bullet to take away my bladder control. I wanted to be instantly condemned to a life of diapers and pants wetting, and I wanted it now.

I have found one truth in this search, aside from freak accidents and catheters; **there is no way to become instantly incontinent.** Don't get me wrong, it can be done eventually... I am living proof of that. I am writing this because there is nothing that is so comprehensive anywhere, this is the answer for those that spend hours searching for the Way to Incontinence.

It is a long road which involves a lot more mental retraining than physical, a lot of will power, and quite a bit of humility and humiliation.

You need to ask yourself:

- Do you want to be in diapers all the time or just weekends? This is a full-time program!
- Are you willing to rework your wardrobe?
- Are you willing to redefine yourself as incontinent? (This is the first step!)
- Could you tell other people that you need to wear diapers? (This is the second step!)

- Could you carry a diaper bag with you everywhere you go?
- Could you change your diaper in a public restroom?
- Could you wear them in front of anyone? Not *just* them, under clothes!
- Are you willing to wear diapers at all times, or wet your clothes if you decide to not wear?
- Are you willing to follow a diet?
- Avoid certain foods and drugs?
- Follow a schedule?
- Keep your pubic area completely shaved?
- If you are single, could you tell that new date that you need to wear diapers?
- If you are married, could you tell your spouse “This is it, diapers for me from now on.”
- Could you deal with the fact that your body as a whole is going to change over the next year?

IF you answered “no” to any of these, this program may not work for you as it has worked for me. I am on month 14, and I can tell you now as my diaper grows warm as I type, this does work!

2

What... I can't wait twelve months!

The truth is, you may have a different result than me, I went into this with no prior bladder problems, no prior training (or detraining) and only a little bit of experimentation with hypnosis files. It took me roughly a year to experience genuine daytime accidents and real bedwetting.

Consider this though; you must decide as the first step that you are now incontinent, and this is a dividing point in your life between what it was before you decided to go back into diapers full time and after the decision. Set a date, maybe for next Monday, and prepare yourself mentally, don't start now. Make a one year calendar; get ready for the ride of your life.

The decision is instantaneous, the results take a while... that's life, kiddo! This means that the second you strap that diaper on and decide to use it, you are “Functionally Incontinent,” meaning that you no longer void in the appropriate place, but wherever you are and into whatever you are wearing, be it a diaper or your pants, or the floor if you are naked.

Your body will begin to change after about a week, and will keep changing. Mine is still changing.

You will notice:

- Your bladder will shrink
- Your bladder will spasm (not painfully, it feels sort of like when your arm or foot falls asleep)
- You will experience constipation unless you drink enough water (about a 7 glasses a day to start.)
- You may not wet your bed until the seventh month, but when you start, you won't wake up anymore when you do, and you will have the best sleep of your life
- Your bowels will synchronize to your eating habits and you will find that you will void about three times a day... about an hour after eating—like a baby does!

3

Know your enemy:

How your bladder holds urine, and why this is a “diaper-training” program rather than a “toilet-detaining” program.

The Brain Part is the Hardest to Retrain!

You have been trained, and your training has been reinforced for as many years as you have been using the bathroom in the conventional way. The skill of toilet training is held in your *muscle memory*.

And so you are not *untraining*, you are *retraining*, or relearning. This can be called a “diaper-training” program rather than a toilet detaining program.

What does it mean to learn “diaper-training?”

In “diaper-training or diaper learning,” part of that learning means *memorizing* how to use diapers, not waiting to void until you find a toilet, or even paying conscious control to your wetting patterns. It is a *conscious replacement* of one pattern with another. You have spent your entire life doing something one way, you need to replace it, not forget it.

People can quit smoking or using drugs, you can quit using the toilet!

But *how* does this memorizing take place?

At first, you need to concentrate in order to make yourself wet your diapers, you may need to stand in front of a toilet or even sit on it in order to wet. You need to stand and move in just the right way at first, notice how the voiding process works. What you're learning is *precision*, and you will need months and months of it to learn the difference, practice until it seems totally normal, and then stop paying attention to when you are doing it!

But after a while, the "feeling-thinking-doing" gradually becomes "feeling-doing," and then just “doing” because your muscles seem to "know" and "remember" just what to do. What you're learning now is *a new pattern*, i.e. how to perform the task carefully, quickly, and not thinking about it. That's *muscle memory*.

Scientists call this "kinesthetic memory" or "neuro-muscular facilitation" and they speak of "sensory-motor" learning, since you are combining sensing *input*, i.e. what you feel with your muscles and bladder, with motor *output*, i.e. what you do with your body.

Of course, during the "drill-and-practice", your muscles aren't really memorizing anything (since all memories are stored in your brain). Instead, what you feel with your body is interpreted by your brain in the form of nerve signals to your muscles to make your body move.

Now by making the same movements in response to the same physical cues over and over again, the associated nerve-muscle connections gradually become more *effective*,

i.e. the transmission of the signals becomes more effective, and this is how the "thinking" in the "feeling-thinking-doing" is gradually replaced by "feeling-doing" by muscle memory.

Conquer the Brain, and the Body Will Have to Follow!

The organs, tubes, muscles, and nerves that work together to create, store, and carry urine are the urinary system. The urinary system includes two kidneys, two ureters, the bladder, two sphincter muscles, and the urethra.

The bladder is a hollow muscular organ shaped like a balloon. It sits in your pelvis and is held in place by ligaments attached to other organs and the pelvic bones. The bladder stores urine until you are ready to go to the bathroom to empty it. It swells into a round shape when it is full and gets smaller when empty. If the urinary system is healthy, the bladder can hold up to 16 ounces (2 cups) of urine comfortably for 2 to 5 hours.

Circular muscles called *sphincters* help keep urine from leaking. The sphincter muscles close tightly like a rubber band around the opening of the bladder into the *urethra*, the tube that allows urine to pass outside the body.

The problem I have seen is that everyone wants to stop these from working all together. What this method does is to train them to be lazy at first, and then stop working eventually. You create a new habit. You can't force yourself to wear diapers, but you can create a habit so strong that it would be like withdrawal to quit.

Nerves in the bladder tell you when it is time to urinate (empty your bladder). As the bladder first fills with urine, you may notice a feeling that you need to urinate. The sensation to urinate becomes stronger as the bladder continues to fill and reaches its limit. At that point, nerves from the bladder send a message to the brain that the bladder is full, and your urge to empty your bladder intensifies.

When you urinate, the brain signals the bladder muscles to tighten, squeezing urine out of the bladder. At the same time, the brain signals the sphincter muscles to relax. As these muscles relax, urine exits the bladder through the urethra. When all the signals occur in the correct order, normal urination occurs.

4

Supplies: what you need and what you don't

Day One Purchases: (things you really should have)

- a bottle of baby lotion
- a bottle of baby powder
- 3 packs of diaper pins
- 2 packs of **size 6** cheap toddler diapers (trust me!)
- diaper rash cream
- a large sports bottle.
- **five** packs of Assurance fitted briefs (*not* Depend) three that is your size and two that are the next size up
- A briefcase or backpack (to be used as a diaper bag)

- A package of diaper wipes.
- A bottle of cheap conditioner
- A pack of disposable razors
- A loofah
- Two diaper pales
- A plastic mattress cover

Other good things to have would be

- a supply of old towels
- some extra-extra large tank top undershirts
- a good supply of ivory soap or baby magic

Later today, go online to a web page that sells adult plastic pants, you will need about 14 pair to begin. I like AC medical because they are cheap, honest, discreet, and Canadian. (Four really good points, eh?) You can find pants for about 3 dollars each. I think they are #152 on the list.

- Don't waste your money on the commercial hypnosis tapes unless you have proven that hypnosis works for you.
- Don't spend more than five dollars a pair for plastic pants
- Don't bother with expensive brands of diapers like Depends
- Don't fool with catheters or other types of 'bottom-stretchers,' all you will do is hurt yourself or give yourself an infection.

You will use a hypnosis file, but it will be a free download. It is a reinforcer rather than the sole creator of your incontinence.

Definitely do this the first week!

You will want to have a stereo system near your bed, preferably with the speakers on either side of your pillow. Purchase a nature CD with either rain or running water and play it as you sleep, this will help with the bedwetting part of the program.

I have not had any success with separating day wetting from night wetting. This is an all or nothing program, but once again... it really works!

5

How to begin: from this point forward

So, you've decided to go forward, and to go into diapers for good, **you are now officially incontinent.** Remember that part about the two parts of your life, the before and after? This is now the after. Everything you do from now on, everywhere you go, anytime besides bathing and changing, you will be in a diaper.

If you are really serious, follow these steps to begin when you first wake up on the day of your new life:

1. Drink at least 16 oz of coffee with breakfast (two cups) and another 8oz glass of water before you leave your house. (if you don't eat breakfast, you will need to start!)
2. Do not use the toilet.
3. Go to the nearest Wal-Mart and purchase the entire FIRST DAY list from chapter 4.

4. Go to the line that is longest with the register that has the cutest member of the opposite sex working on it, go during peak hours. (Yes, I am serious, you need these now, remember? Get over yourself! Most people don't notice anything past their own limited scope of existence, you need to remember this! You could walk though Wal-Mart in a shirt and diaper, and most folks wouldn't notice if you were pushing a cart.) More on this later on.
5. When you go home, get out a pair of big scissors and ALL of your Big-Boy or Big-Girl underwear and begin to shred them (yes, I am completely serious about this too.) Then throw them in the trash and forget them, that time in your life is done.
6. Put on a diaper, then immediately put on another diaper over the first one and get out all of your pants, shorts, skirts, and anything else you may use to cover your bottom half and begin trying them on. Make two piles, those that fit with two diapers on (comfortably enough to get your finger in the waistline) and those that don't.
7. Take the *doesn't-fit-anymore* pile to the local Good Will. (Yes, I'm completely serious!) Why would you keep clothes that you can't wear anymore?
8. Go to the Warp My Mind website and download the incontinence files. (www.warpmymind.com) There are two good files, one for bedwetting and one for daytime wetting.
9. Tell your wife, husband, girlfriend, buddies, doctor, boss, that you have been having bladder troubles and you will be wearing diapers for your own good from now on.

Why the heck would I tell anyone I wear diapers?

Consider this, you *DO* wear diapers now, it's the truth! Own that bit of information, and you can volunteer it to whoever you want, and they will become part of your checks and balances system.

If your boss knows you wear diapers, would you go to work and use the toilet, risking being caught? "I thought you wore diapers, Johnson!" That would make you a liar, now, wouldn't it?

And what about your girlfriend? You wear diapers, and you told you her that you wear diapers, why are you bare-arsed now? I thought you needed diapers, put one on!

What's your reason for the sudden change? You never needed them before!

While personal preference isn't socially acceptable yet, personal hygiene is. You obviously have a wetting problem or you wouldn't be wearing them now, would you?

Or maybe you did wear them and never told anybody about it until now. Think of a good cover story in case you get 20 questions, or just say "I just wanted to start

wearing diapers, you got a problem with that?”

Go see a doctor? Get lost! I'm fine.

And if you do go to see a doctor, they won't find anything, but that doesn't mean jack... there are thousands of incontinent people who have no clue why they are that way, and the doctors are just as clueless!

10. Make signs to remind yourself of your goal. If you don't want anyone to know, try simple phrases like “remember your goal.” That works.
11. Keep one of the diaper pins on your belt buckle or pants, key chain, etc. to serve as a visual reminder of your newly incontinent and diapered state. (this really does work)
12. Post a calendar somewhere that will map out the next year.
13. Use the extra large t-shirts to make yourself makeshift “onesies” by sewing the front and back together leaving leg holes. You can wear these over your diaper and under your outer clothes to keep you from cheating. You will need to step into them and pull them up, then loop your arms through the tank top.
14. If you haven't wet your diaper yet, do it now.

It's important to remember the part about the muscle memory, if you miss when practicing basketball you don't give up forever, you pick up the ball and keep going. That works the same way here.

If you forget, or are weak and start using the toilet again, don't quit, just put the diaper back on and start again!

6

Eating, drinking, and drugs: what to eat and what to avoid.

What you put into your body makes a world of difference! Some of the avoid-foods make the prostate swell, some (like the milkshake) contain clay that will constipate, and others like the salt and MSG make you retain water.

These foods alone will not cause incontinence alone, but they will free your systems and make them flow much better! Your body changes will happen much faster if you follow this diet.

Remember, you want the path of least resistance, this is that path! Eat well!

You should avoid:

- Extra salt
- Red meat
- Cotton seed oil
- Too much junk food (Twinkies, soda pop, candy bars)
- White bread
- McDonalds Milkshakes
- Antihistamines containing Diphenhydramine HCL
- Beer before bedtime
- Foods with MSG (oodles of noodles, Doritos, etc)
- Painkillers (to a point, if you have a headache, try water first)
- Laxatives

- Diet soda or anything containing aspartame
- Gatorade
- Cigarettes (if you can't or won't quit, it isn't detrimental, but it will be a lot easier if you do!)

You should start eating:

- Apples
- Bananas
- Drink Pedialyte or an electrolyte solution (for hot days)
- Dark Chocolate (not the milk chocolate, the real stuff)
- Bran cereal or oat cereal (cheerios or frosted mini wheats)
- Yogurt
- Olive oil
- Blackberries (you can buy these frozen in bags at the local supermarket) and fresh strawberries
- Cranberry juice
- Wheat bread
- Herbal tea (specifically **catnip**—not *catmint*)
- WATERMELON (this is an absolute necessity for the bedwetting portion)
- Water, water, water!
- Honey
- Almonds (especially men)
- Zinc supplement

The following diet changes will make your stools softer and make you less likely to be constipated. In addition to this, the body will adjust to the change of not holding urine by voiding more frequently, and as your bladder holds less, the re-absorption of liquid will drastically decrease.

You will be flushing more toxins out this way, though, so ironically by making yourself incontinent and shrinking your bladder, you may have the healthiest digestive and urinary tract of your entire life!

Some of these foods that you will start eating will relax your bladder and sphincter; some will help your bowels go back to the automatic void system it used when you were a baby.

The point is that this diet will change your body by making you void more frequently and by relaxing the muscles that hold and retain your urine and feces.

The toilet trained individual retains a certain amount of liquid in the bowel to keep the stool soft, for the first few weeks, you will likely be a bit constipated because your water balance will be thrown off. The fruit will provide an extra liquid source.

7

Regimen: and you thought using the toilet was inconvenient!

Okay, we're down to the wire now—this regimen is important-- really, really important! This will make the difference, and although some of it will seem new-age and strange to you, rest assured that it works!

Basic Behavior:

1. You are a diaper wearer now, if you can't say it and accept it as truth, you may as well stop now. This acceptance is the core of your training. There is no going back... remember the point about your life being divided into two parts, before this and after. You are living in the *after* part now, Remember that!
2. Let your bladder empty at the first signal that it is filling. Never, never, never hold your urine. Even if you are afraid you will leak. This is an important part of the training, and it requires lots of practice, so don't get frustrated!
3. The most important part of this program is to retrain your basic habit of voiding, and so you *must always be diapered!* SPEND AT LEAST 2 of your waking hours wearing only a diaper on your bottom half... no pants, no underwear... just a diaper. (plastic pants are okay) If that means an hour in the morning and an hour before bed... do it! You need to redefine yourself as a diaper wearer, so does everyone else. And if you are a male, you need the extra coolness on your testes to keep them healthy.
4. ***Before you go to bed, listen to the incontinence hypnosis file.***
5. When you are sleeping, play the rain or river sounds on your stereo... put the disc on repeat for the entire night.
6. Find a place FAR away from the bathroom for your diapering supplies, mine are in the bedroom, but a closet or a place in the basement would be good too.
7. Place a diaper pail by your changing area and one **by** the bathroom or shower area, **not in** the bathroom. If you have a shower somewhere else besides the bathroom, use that and don't go in there at all.
8. Never change your diaper in the bathroom if you can avoid it... you need to stop associating the bathroom with using a toilet.
9. Pack your diaper bag with at least one day's worth of diapers (about 5) and just as many size 6 toddler diapers. These will be used as liners. NEVER leave home without it!
10. Whenever you diaper, place a smaller diaper inside over the spot where you urinate (women in the hour-glass part of the diaper, men in the front. After about two hours, you can just reach in and pull the full liner out and dispose of it. Cool, eh?
11. Concentrate on urinating whenever you take a sip of water, you will be able to eventually retrain your body systems to be sensitive to "balancing" -- this is when you void while drinking, or have a bowel movement shortly after a large meal. This is the natural state of your digestive and urinary tract!

12. Let your diaper get wet! Some people feel the compulsion to change as soon as the diaper gets a little wet, DON'T! A wet diaper on shaved skin will help you to wet more... there is an actual reflex that promotes wetting when the perineum is warm and wet. In fact, that brings us to #13

13. Shave all pubic hair off!

14. If you cannot wet, pour ½ cup of warm water into the front of your diaper, this will help a lot! Stop doing this after you get into the swing of things during the day but continue doing this before you go to bed until you reach the six month mark!

Eating and Drinking:

These steps must be followed! These foods will loosen your bowels and help your body regulate the new state of water balance!

Remember, your body is changing!

When you wake up:

- In addition to your regular breakfast, you should
- Drink coffee, tea, or something with caffeine.
- Drink at least 8oz of water
- Eat a bran or oat based cereal (oatmeal with brown sugar is the best bet)
- Eat an apple

For a snack:

- Have yogurt, this will keep your bowels regular and will actually make your b.m. smell less.

- Drink another 8oz of water.

For Lunch:

- In addition to your regular lunch, eat a banana and a handful of almonds. (Almonds will help your bowels-- and for men, almonds contain arginine, an antioxidant that will help your testicles and willy handle the heat of being wrapped in a diaper all the time.
- A glass of cranberry juice.
- Drink another 8oz of water.

For a snack

- Drink a cup of catnip tea with honey. This will relax your bladder muscle and make it harder to hold your urine.
- A handful of blackberries

For Dinner

- In addition to your regular Dinner, eat something with soy in it (tofu or soybean oil) or one teaspoon of olive oil.
- Drink at least 8oz of water

2 hours before bed

- Drink at least 8oz of water

Before you lay down to sleep:

- Have a bowl of watermelon. Watermelon is water in reserve, that is, it digests and provides more liquid to be evacuated. It is also a diuretic.

Diapering, Changing, and Cleaning:

- If you can help it, never change in the bathroom. You need to stop associating the bathroom with toileting. Think of it as the shower room instead, maybe a place to brush your teeth. If you can avoid going in there at all, that is best!
 - ALWAYS dry off between changes, carry a small terrycloth towel to be laundered. If you can wash with a baby wipe, then dry, then powder, that is best!
 - Double up those diapers... that is, use the toddler size 6 as a doubler inside the adult brief.
 - In the shower, scrub your skin with the loofah. It will be hard at first, but you get used to it and your skin will toughen faster. Remember, the skin is now exposed to harsh chemicals more than it has been for many years.
 - Shave the diaper area every day after the scrubbing with the loofah. This will help get a closer shave, and will keep those nasty bacteria from giving you infections.
 - Keep the diaper legs loose, tight diapers are harder for men to wet in, I don't know why, but they are. Keep that diaper loose!
 - Use powder after the diaper has been put on. Pull out the front and sprinkle it in. This will keep the tapes from getting powdery and not sticking.
 - When you begin messing your diapers with BM, change as soon as you can. Not only will you be smelly if you don't, but the feces contain agents that cause skin breakdown and hemorrhoids. If you've never had a hemorrhoid, consider yourself very lucky.

- Soak in a hot baking soda bath at least once a week to keep skin from developing an odor. The more soaking baths, the better, though.

Sex, Sexual Encounters, and Naughty Bits:

1. Shave your pubic hair and as much of the area around your diaper area as you can. Use the loofah to scrub the entire area before you shave, and **use the conditioner** as shaving lubricant instead of shaving cream. This will help prevent a rash.
2. Every day you should re-shave. Make this part of your daily shaving routine, for the ladies, just shave up more when you shave your legs... for the gents... well you may want to have a separate razor for your face... **some of the bacteria that is okay on the skin near your willy will cause acne on your face. Do not trade off with the razors.**
3. Before bed, men should masturbate to clear the chance of nighttime erections (you can't pee through a stiffy, right?) the lotion will also keep your shaved areas soft.
4. Do not have diaper sex every time. This sounds like it's defeating the purpose, right? Think about this, though: you wear diapers full time, if you saturate every part of your existence, you will get bored. I'm not saying never do it, but not every time!
5. You will notice that after a few months your genitals get more sensitive to air and temperature. This has led to better sex for me, I'm not sure how that will affect the ladies, though.

8

Day Wetting: How to begin

MOST IMPORTANTLY: take no water pills or other drugs to try to attain day wetting!

Day wetting involves an interesting paradox, you want to focus on wetting and practice letting go, and at the same time you want to let it happen without thinking about it too much.

The amount of water you are now drinking will ensure that you should be able to pee all through the day. If you can't pee in your diaper, you will need to practice in front of a toilet until you can.

After you have mastered the task of peeing in a diaper standing, you should practice wetting while laying down or reclining, walking, talking, and sitting in a car.

You should be able to wet in almost any position before you expect to stop noticing that you are doing it. Remember the muscle memory segment in chapter 3?

Contrary to what some web sites will tell you, you will need to bear down to start the flow until you get used to wetting. This is not something you should continue forever, however.

After you can comfortably start and stop without much thought or effort, you will stop bearing on your own. (I need to do it myself occasionally, still)

A kink in your urethra (if you are a male) can cause problems which require a bit of readjustment. I have problems sometimes when driving because of the pressure on the perineum and urethra... to ease the pressure, try to raise your bottom off of the car seat and bear down; the urine should start to flow shortly after.

If you cannot achieve a good flow while driving or sitting in a car, you will need to practice! Remember; think first, muscle memory later!

After a time (usually three weeks) you will be urinating freely enough to stop paying so much conscious attention to it.

The bladder neck needs to shift slightly and the sphincters will need to become less tense before you can wet freely.

Practice relaxed sphincter tone!

When you wet, your bladder contracts and your sphincters relax to let the urine flow. The next time you wet, notice how you relax and unclench those muscles.

When potty trained, we learn to clench those muscles after finishing and walk away. What you want to do is achieve a

state in these muscles of constant relaxation.

Try this: The next time you wet, don't clench after you are done. This will take time because it is almost a reflex for most potty trained adults. Try to hold that relaxed state as long as you can.

Reverse Kegaling.

The kegal exercises are designed to strengthen the sphincters, what you want to do is drastically weaken them.

Find that relaxed state you had after urinating and whenever you think of it, release the tension in your sphincters. You should feel almost a drop sensation as everything lets go. You may urinate at this point, you may not. That isn't the point.

9

Night Wetting

The secret of learning to wet the bed and wet while asleep centers on relaxation of your bladder and peeing while in reclined positions. You should be able to pee without really moving from the relaxed position in which you are laying.

Well, how can you do that? Here's how: we practice!

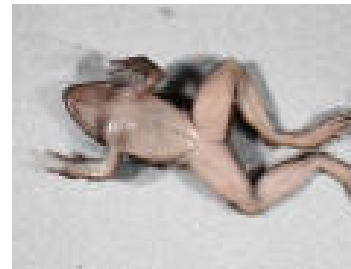
The first thing you will want to do is drink as much water as you can, almost a gallon if you can stomach it. Try four or five good glasses if not.

Wait about 20 minutes and then strip down to nothing and get in the bathtub without any water and lay down.

Soon you will get the urge to pee. Shift and move until you find that perfect position and let go. You should have about an hour during which your bladder will fill and you can force the pee out in different positions, find the best one and keep practicing.

You will need to weaken the muscles and shift the alignment of your sphincters in order for the urine to flow better lying down. This takes about a week of this exercise to get right.

I find that bringing a bottle of water and drinking every time I wet helped with the reflex training and genuinely sped up the process.



The flopped-frog position works best for me. I just lie on my back and flop my bent knees out.

At night you will want to double diaper, because nothing sucks more than waking up cold and wet and in need of a diaper change at 3am!

This is where the larger diapers you bought from your “day one” list come in handy.

Take the smaller diaper (the one that normally fits you) and cut four rows of one inch slits in the plastic to allow liquid flow through.

Put the diaper on and then put the larger size over the smaller one.

Put on your plastic pants and immediately wet the diapers. If you can’t wet right now, go to the sink and get a half cup of warm water and pour it into the front of your diaper.

When you get the urge to wet, move into the wetting position you found in the bathtub and let loose.

Try sleeping with a body pillow between your knees until you get used to the bulk of the extra diapers.

You may need to push to start the flow of urine when in a laying position.

Sometimes the male prostate will swell due to certain medications like Benedryl or NyQuill. Pay attention to your anatomy! If the indications on the back of the drug bottle suggests that people with prostate problems shouldn’t take that particular medicine, you shouldn’t take it either!

You probably won’t have any success with sleep wetting for at least six months, so don’t get frustrated! You will move through three basic stages before you can wet in your sleep:

1. You will wake, shift into position, and wet, then go back to sleep. At this stage, remember to drink water while wetting—reinforce that reflex!
2. You will surface a little bit from sleep, wet, then go back to sleep.
3. You will wake up a little bit and realize you are wetting, and go back to sleep before you stop.

Shortly after stage three, you will stop waking up at all. At this point, if you sleep without a diaper on, you will probably wet the bed anyway.

10

Bowel Incontinence: Not for the faint of heart!

Very Important: Do not abuse chemical laxatives to try to achieve bowel incontinence!

This is something you really want to consider before proceeding, there are pros and cons to fecal incontinence that must be thought out before you decide to make it habit.

On the plus side, you will have no need for the toilet at all. Period. You will never be tempted to use the toilet when

you take down your diaper to have a BM, there will no need for you to undo your diaper and then refasten it when you are done. The list of pros goes on and on.

But it does get a bit smelly. And you have to change as soon as you can or you may get a nasty rash. And if you don't wash up, you may get a hemorrhoid or two.

But on the plus side again, your body can adjust totally to the way it was meant to be, voiding in rhythm with your true body clock.

You will find that, after a few weeks of unrestricted voiding in combination with the diet I provided, that you are having about three small BMs per day, all coming between ½ and 1½ hours after you eat.

Your colon will become healthier than it has been in a long time as your body moves in to a harmonious rhythm of automatic voiding.

To fill your diapers, you will need to practice first. Yes, that practice thing again! You are learning a new way to evacuate... you need to get this into muscle memory, so you will have to play with it a little to find the best position to void.

To start, you should wait until the urge to void strikes you and remain standing. Let the urge build to a momentous pressure and then bend slightly at the waist and push. If you are having problems with hard stools, you will need to drink more water.

Eventually you will reach the stage where your stools are consistently soft, and voiding will be less trouble. At this point you can wait and the automatic muscle contractions will take over.

Your bowels have muscles that push the wastes through your intestines as water and nutrients are absorbed, we get the urge to void when the end of the line is reached and the muscles are still moving the wastes forward.

You can simply stop clenching, like in chapter nine, and the muscles will gently push the soft BM out into your diaper. I call this the "body reflex push" because your colon pushes the feces into your rectum and you don't use your abdominal muscles to evacuate at all, it's letting the involuntary muscles do all the work. It feels really different from a regular BM.

It is truly a strange experience to fill your diaper without conscious pushing, and it feels quite different than the squatting and pushing we have been trained to do.

This soft, automatic emptying of your bowels is what you want to happen every time; you should wait for the bowels to empty themselves if you can.

The more you can let it happen on its own, the closer you will be to training yourself to not notice. Remember muscle memory!

If you want to lose control of your bowels, you must allow your body to defecate as soon as you feel the urge. Eat plenty of watermelon and almonds to soften your stools.

In periods between meals, the colon is generally inactive. Following a meal, colonic motility increases significantly, due to signals propagated through the enteric nervous system - the so called **gastrocolic and duodenocolic reflexes**, manifestation of enteric nervous system control. In humans, the signal seems to be stimulated almost exclusively by the presence of fat in the proximal small intestine (well, some people find this interesting). Additionally, **distension of the colon** is a primary stimulator of contractions.

Several times each day, mass movements push feces into the rectum, which is usually empty. The gastrocolic reflex mentioned above is a stimulus for this. **Distension of the rectum stimulates the defecation reflex**. This is largely a spinal reflex mediated via the pelvic nerves, and results in reflex relaxation of the internal anal sphincter followed by voluntary relaxation of the external anal sphincter and defecation.

In humans and "house-trained" animals, defecation can be prevented by voluntary constriction of the external sphincter. When this happens, the rectum soon relaxes and the internal sphincter again contracts, a state which persists until another bolus of feces is forced into the rectum.

11

Charts and journaling: What to expect when you're expecting – a twelve month breakdown.

Keep a journal of your progress; it would be a great service to the people who are following this plan if you can think of a way to make it work faster or better! It will also be of interest to you later to see how far you have progressed.

This chart is the result of my year one journal. Your experience may be very different, or quite similar. This is just what may happen if you follow my plan.

I have noticed that a lot of little changes occur during the first four months, and because you are more excited, they all seem earth-shattering. At about month four, a leveling off where nothing else seems to change will occur.

This plateau doesn't mean that nothing is changing, on the contrary, you are reinforcing the new toileting habits and the muscles are weakening at a much faster pace during this time. Although it may not be obvious, more is happening now than during the first three months, don't get frustrated! You are combating years of training and unconscious bladder and bowel holding habits.

Month One

- Learn how to wet and mess your diaper in any position
- Get frustrated and embarrassed a lot

- Want to quit
- Experience first body reflex push b.m
- Adjust your attitude about who you are and why you are wearing
- Decide it'd be easier to do it if you have help and find a coach, or at least someone to tell about what you're doing.

Month Two

- Notice you are wetting after you start
- Become bolder when changing in public
- Hypnosis files start to kick in and you accept your diapers and start to think of yourself as a diaper wearer instead of just someone who is wearing one "for now." A sense of permanence starts to form.
- Get frustrated and spend some time out of diapers, then get mad and return to them.

Month Three

- Barely wake up when wetting, but still will not wet the bed if you attempt to go without a diaper.
- Barely notice when you are wetting your diaper, but will not wet if you attempt to go without a diaper.
- Reflex push b.m's are getting more frequent and much easier to achieve.

Month Four

- Not much new
- Things start to seem routine
- Easier to wet in any position

Month Five

- Not much new
- May not notice when you begin to have a bm
- Sleep wetting getting much easier

- Frustrated because you are on the plateau before the big drop

Month Six

- Not much seems to be changing, you still seem like you have control over your bladder and bowels, and may even still wake up with the urge to pee, but things are changing!
- Your bladder has shrunk to half its previous volume
- You may find that you pee almost every half hour. If you stopped wearing at this point, you would find that you have a severely diminished bladder size and urinary frequency.

Month Seven

- Wake up wet and don't remember doing it
- Get surprised by a bowel movement
- Find yourself in a wet diaper and not remember doing it
- Go without a diaper and not have any incontinence at all and get mad
- Find that you still have sensation and the urge to pee and b.m some of the time.

Month Eight

- More and more wet nights, but still some dry or voluntary nights (3 per week wet)
- You still realize when you have a semi full bladder most of the time, but you wet without voluntary permission most of the time
- BM still noticeable

Month Nine

- More and more wet nights, but still some dry or voluntary nights (4-5 per week wet)
- Day wetting is barely noticeable
- BM still noticeable, but becoming more reflexive every day you could probably stop them if you clenched.

Month Ten

- More and more wet nights, but still some dry or voluntary nights (5-6 per week wet)
- Day wetting is happening without you noticing most of the time.
- BM still noticeable, but becoming more reflexive every day, you could probably stop them if you clenched.

Month Eleven

- almost every night is a wet night, where you don't wake at all
- almost every wetting is not noticed until the very end, if at all
- most bowel movements take you by surprise (you don't realize you are pushing until you are halfway done)

Month Twelve

- Wet every night, will wet in sleep regardless to whether a diaper is worn or not.
- Will wet your pants without a diaper most times, but clenching will still get you to the bathroom if you move quickly.
- Most bowel movements take you by surprise (you don't realize you are pushing until you are halfway done)
- Your bladder now holds about four oz before you get that urge (if you try to hold it or if you have a kinked urethra... like sitting the wrong way.)

IF you've come this far, congratulations! You are now where I was when I started writing this manual! You are in good company!

12

How to Combat the Yucky Stuff: Rashes, yeasts, hemorrhoids, impotence, and infections

These things are enough to make you want to quit the program, and if you have a good reason and no hope, then it's an easy out, but you don't want to quit. Right?

You can easily undo month's worth of reprogramming in just a few days. Fight the urge to give up and use these simple strategies instead!

RASHES

Not washing as often as you should, are you? Most diaper rashes are caused by overexposure to the ammonia produced by standing urine. This causes skin breakdown and blemishes.

A surprising number of different entities fall under the label of diaper rash:

- **Friction rash.** This is the most common form of diaper rash, and affects almost all diaper users some time. It is most common on areas where friction is most pronounced, such as the inner thighs, or under the elastic of diapers that are too tight. It comes and goes quickly, and responds well to frequent diaper changes, airing out, and protective barriers.

- **Irritant rash.** This is most conspicuous on the exposed areas, such as the round part of the buttocks. It tends to spare skin folds and creases. It's generally the result of contact with stool enzymes or irritants such as harsh soaps, baby wipes, detergents, or topical medicines.
- **Allergic rash.** This may occur in combination with an irritant rash or by itself. It is also more common on exposed areas. The skin looks like poison oak.
- **Intertrigo.** Moist heat causes this common type of diaper rash that occurs deep in the skin folds. The involved skin looks thin, as if it has lost several layers.
- **Seborrhea rash.** A salmon-colored, greasy rash with yellowish scales characterizes this diaper rash that is also worse in the skin folds.
- **Psoriasis.** This stubborn rash doesn't necessarily look distinctive. Other signs of psoriasis usually accompany the diaper rash, though, such as pitting of the nails or dark red areas with sharp borders and fine silvery scales on the trunk, face, or scalp.
- A number of rare diseases such as congenital syphilis, histiocytosis X, zinc deficiency, Wiscott-Aldrich syndrome, acrodermatitis enteropathica, or Jacquet's dermatitis all cause characteristic diaper rashes. These are extremely uncommon, but should be considered in prolonged, severe rashes that are unresponsive to the appropriate therapy.

Skin wetness is the common denominator underlying the various causes of diaper rash. Even skin lesions of systemic

illnesses tend to concentrate in areas where the skin is already damaged (the Koebner phenomenon).

Urinary wetness increases skin friction, raises the skin pH, makes the skin less cohesive, and makes it more permeable. These effects combine to intensify the action of stool enzymes or other irritants that then inflame the skin. In all the above diaper rashes, the outermost layer of skin -- stratum corneum -- has been damaged.

With this protective layer breached, it is easy for microorganisms such as yeast or bacteria to invade the inflamed skin. This makes the rash worse and less responsive to usual treatments.

Wash more often, change your diaper more often, and use powder with every change!

Petroleum jelly is also helpful, and if you want, you can slather your entire bottom half with it every time you change until the rash goes away!

YEASTS

Are you taking antibiotics? Yeasts can take over if you are taking strong antibiotics. Try acidophilus supplements from your local health food stores. If they don't work orally after a few days, crush a tablet into a fine powder and mix it with petroleum jelly and apply it directly to the infected area.

Yeast is by far the most common type of organism found in a diaper rash. The organism is quite prevalent and thrives in warm, moist skin. Yeast involvement should be suspected in any diaper rash that has not improved dramatically with 72

hours of appropriate therapy. Current or recent antibiotic use makes a yeast infection even more likely, since this reduces the amount of the skin's 'good' bacteria that fight infection. Classically a yeast rash is beefy red with sharp raised borders and white scales. Small satellite lesions surround the main rash. Even without the classic pattern, however, yeast is often present.

Try adding a cream such as Lotrimin AF to your usual diaper rash regimen. Continue air drying and applying a protective layer such as Desitin over the Lotrimin. Washing with warm water may also be helpful. If the rash has not improved within 72 hours of this treatment, it is probably still a yeast infection, continue treatment.

HEMORRHOIDS

You haven't been washing like I said, have you? Your hemorrhoids could be caused by not changing your diaper often enough or not cleaning well enough after you have filled your diaper.

For prevention, you should always keep your anus clean and covered with a layer of petroleum jelly or diaper rash ointment.

If you have one now though, read on.

Once you have determined what is causing your hemorrhoids, it's time to treat them. There are two treatment goals: first, take away the symptoms (burning, pain, itching) and second, shrink the hemorrhoids.

- Sitz baths (soaking the rectal area in hot water, in a shallow bath) for 15-20 minutes, 3-4 times/day are a simple and effective treatment for both goals.
- Pain medicine should be used for aching, but burning and itching respond best to surface-acting creams and suppositories found in the next section.
- To shrink your hemorrhoids back down to normal size, topical medications are again useful.
- Cleanse the entire rectal area with warm water after each bowel movement and diaper change, and if constipation is an issue, use a bulk fiber laxative to soften stools. This helps eliminate straining with bowel movements.
- Many people use bulk fiber supplements daily to prevent recurrences of hemorrhoids. But remember, bulk fiber may take several days to work. If you have existing hemorrhoids and hard stools are already present, you may want to use an immediate-acting stool softener and laxative to encourage elimination without straining and further aggravating your hemorrhoids.

Try these over the counter medicines to treat your hemorrhoids.

- **Aleve** (naproxen sodium 220 mg). Use this quick acting anti-inflammatory for the aching discomfort of severe hemorrhoidal flare ups.
- **Anusol HC cream** (hydrocortisone 1%). For swollen external hemorrhoids, brands containing

hydrocortisone such as this one are effective at reducing the swelling, burning, and itching sensations.

- **Anusol HC suppositories** (hydrocortisone 1%). These hydrocortisone suppositories should be used for internal swelling and discomfort.

MALE IMPOTENCE

MEN...EAT YOUR ALMONDS! (Nuts for your nuts!) You are going to be keeping your anatomy much warmer than you have done since you were very young, and the male anatomy isn't used to that! You may notice that you have problems maintaining erections if you aren't careful!

You MUST follow the diet set up in chapter 6. Not only will it make your digestive tract healthier, it will keep your male sexual organ working well too. Don't believe me? **TEST IT!!** When you get soft, think of chapter 6 and then do it right!

GET FRUITY WITH BERRIES! Eating strawberries and raspberries can increase your sex drive and protect your male sexual organs.

Both fruits have high levels of zinc in their seeds - which unlike most fruits are eaten rather than removed. Zinc is the nutrient most associated with sex for a number of reasons, he explained. It governs testosterone which is needed for sperm production.

A woman's body also prepares itself for sex more quickly if

zinc levels are high. A man can deplete his body's entire zinc supply if he has sex three times in 24 hours.

The message is simple: every time you have sex, or simply want to ready yourself or your partner for sex you should consume a handful of raspberries, or strawberries, especially if you are constantly diapered.

And it's not just the zinc content of the berries which is beneficial in the bedroom. They are incredibly high in antioxidants which helps to optimize blood flow to the sex organs, and they have the lowest glycaemic load of any fruit meaning they provide sustained energy levels at only a few calories.

Thoughts about the future

This work is the product of almost ten years of online and medical research conducted on my own. Many of the ideas I found did absolutely nothing, some made me sick (like catheters) and others, not intended for this purpose helped incredibly well (like the almonds).

At this point (14 months past the start date) I am truly incontinent. At last check I had a bladder capacity of about 3 ounces before I began to wet. Most of the changes that had to be made were mental, and until I made them, the physical refused to change at all.

To anyone who dares follow the path I have laid out, good luck, don't give up, and happy wetting!

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