perplexity

your still missing that i dont feel those areas at all.

and after 30+ hours i have to go back to either excessive smoking cannabis to trigger, or wait until it starts running on its own as im trying to avoid crede.

once it starts flowing on its own, and i notice a bit of weight shifiting inside, is when im able to take a deep breath and try to push it downwards.

That changes the picture substantially. **No sensation at all in the bladder area, needing 30+ hours before anything happens, and only being able to push once you feel a "weight shift"** points to a **sensory-impaired neurogenic bladder**, not just detrusor overactivity or a weak muscle.

What "no sensation" means

A normal bladder sends stretch signals to the brain as it fills, producing increasing urge. If you feel nothing until the bladder is mechanically pressing on nearby structures—what you call "weight shifting"—then the **sensory afferent pathway** is impaired, not just the motor side.

Neurogenic bladder is defined exactly this way: nerves fail to communicate correctly between the bladder and brain, causing loss of the urge to void, retention, or overflow without warning. The fact that you only notice something when the bladder is physically large enough to press on your spine or pelvic floor means you are detecting **mechanical pressure**, not a normal bladder-fullness signal. [1] [2] [3]

Why cannabis seems to trigger it

Cannabinoid receptors (CB1 and CB2) are present in the bladder urothelium, detrusor muscle, and sensory nerve terminals. They modulate bladder afferent signaling—the sensory side of the reflex. [4] [5]

In your case, cannabis may be doing one of two things:

- **Lowering the sensory threshold** enough that a bladder that was already mechanically full finally registers enough signal to trigger a reflex contraction or relaxation of the sphincter.
- **Modulating autonomic tone** enough to allow the sacral reflex arc to fire, letting urine start flowing on its own.

Clinical trials in MS patients showed THC reduced urge incontinence episodes, though urodynamic parameters did not always change—suggesting the effect is more on sensation/triggering than on muscle contractility itself. That matches your experience: cannabis does not make your bladder stronger, it seems to make the reflex fire at all. [6] [4]

Why the “weight shift” is the trigger

The weight shift you feel is likely the bladder reaching a volume where it physically presses on the pelvic floor, sacrum, or surrounding organs hard enough that you can sense it through non-bladder pathways—muscle, bone, or abdominal wall. That is a **mechanical threshold**, not a sensory one.

Once you feel that shift, you can coordinate a breath-and-push (modified Credé) because you finally have a signal to time the effort against. Without that signal, pushing blindly produces nothing useful, which is why you wait for it rather than forcing it earlier.

What this means for the Credé risk

This pattern is actually more dangerous than voluntary Credé in someone with normal sensation, because you have no way to know when the bladder is getting dangerously full. You are relying on:

- Mechanical pressure becoming palpable (late signal)
- Cannabis to lower the threshold enough to trigger flow
- 30+ hours of retention before anything happens

That is a long time for urine to sit, and the pressure can be high the entire time even if you feel nothing. The lack of sensation removes the safety net that would normally make you empty before damage occurs. [2] [7]

What to ask the urologist

This specific pattern—no sensation, 30+ hour retention, cannabis-dependent triggering, mechanical-pressure-only awareness—should prompt:

- **Urodynamics with sensory testing:** to measure at what volume and pressure you first feel anything, and whether the detrusor contracts at all
- **Neurological workup:** to determine whether the sensory impairment is from spinal cord, peripheral nerve, or central cause
- **A scheduled catheterization plan** based on volume/time, not on sensation, since you cannot rely on urge as a safety signal
- **Discussion of whether cannabis is helping or masking** the underlying problem

The fact that you can void at all once triggered is useful information—it means the motor pathway is not completely dead. But the sensory side is clearly impaired, and that is the part that needs the most careful management to prevent silent retention damage.

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