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Colon Hydrotherapy : A Forgotten Art

(By Tony Centracchio, P.A. The American Chiropractor/October 1986)

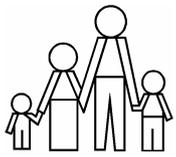
Colon Hydrotherapy, a popular form of treatment among certain physicians in the 1930's and 40's, is undergoing a resurgence. Colon lavage was first recorded 1500B.C., in the Ebers Papyrus, which dealt with the practice of medicine. These enemas were described as the infusion of aqueous substances into the large intestine through the anus. Hippocrates (4th and 5th Century B.C.) recorded using enemas for fever therapy. Galen (2nd Century A.D.) also recognized and was a proponent of the use of enemas. Pare in 1600 A.D. offered the first distinction between colon irrigation and the popular enema therapy of that age.

Colon Hydrotherapy since the turn of the century has experienced periods of popularity alternating with periods of reaction. The factors that contributed to this ambivalence primarily were due to the practice of colon hydrotherapy by the untrained and unskilled, which was very detrimental to its professional growth. When the therapy gained the attention of such physicians as James A. Wiltsie, M.D. and Joseph E.G. Waddington, M.D., great value was placed on the therapeutic benefits of this modality. The philosophy attributed to colon therapy by certain physicians of this era was depicted by Dr. Waddington: "Abnormal functioning of the intestinal canal is the precursor of much ill-health, especially of chronic disease conditions. Restoration of physiologic intestinal elimination is often the first, but too often ignored, important preliminary to eventual restoration of the health in general." Dr. Wiltsie contends that "Our knowledge of the normal and abnormal physiology of the colon, and of its pathology and management, has not kept pace with that of many organs and systems of the body. As long as we continue to assume that the colon will take care of itself, just that long will we remain in complete ignorance of perhaps the most important source of ill health in the whole body."

In summary, through misconceptions, misunderstandings, and preconceived emotionalism, controversy has prevailed, but accomplished nothing. Historically, we recognize two unequivocal conclusions – first, there is something of value of this therapy, or it would have been conclusively withdrawn; second, that through lack of professional control and study, colon hydrotherapy never received the attention and recognition it justly deserves.

Today, with modern technological advancements in colon hydrotherapy instrumentation, colon hydrotherapy has become a safe, valuable modality to the physician in treating disease.

Colon hydrotherapy is an extended and more complete form of an enema. The treatment is designed to cleanse above the natural defecation area of the rectum to the cecum. Colon hydrotherapy involves the gentle infusion of warm filtered water into the rectum, using no chemicals or drugs. It is the natural solution to conditions which interfere with the normal functions of the colon. The procedure includes the gentle insertion of a small rectal tube into the client by the therapist or physician. The individual lies on his back, and water is mechanically infused into and out of the intestine without any assistance on the part of the patient. The outflowing water removes excess flatus (gas), mucus, infectious material and feces. Modern instruments can incorporate a water pressure well below that of a standard hospital enema. The temperature, water pressure and flow can be continually monitored throughout the treatment by the operator. The treatment can be performed without any discomfort on the part of the patient. This is a closed system in that flatus (gas) and waste material are evacuated through the hose attached to the instrument and eliminated via the drain line. There is no offensive odor or health risk to those in contact with sick patients as with enemas and bed pans, and the dignity of the patient is maintained. During the



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empty cycle, the therapist gently manipulates the abdomen over the intestine to facilitate removal of waste material. Under the direction of a physician, the temperature of the water can be alternated, inducing relaxation and contraction of colon muscular walls with warm and cool water respectively, providing benefit for the atonic bowel condition. Colon hydrotherapy instruments also offer the administration of oxygen by prescription with the inflowing water for the treatment of parasites, as well as for anti-inflammatory and healing purposes. Supplemental infusion solutions, i.e., saline, kayxelate, etc., or others as prescribed by a physician can be offered.

There are instruments, which feature a built-in check valve, which prevents waste water from returning to the water source. The instruments also feature a disposable unit which consists of a speculum, obturator, water and waste line, eliminating any possible contamination of the patient from a previous treatment.

Colon hydrotherapy is thought to remove fecal material from colon walls and dilutes the bacterial toxin concentration in the large intestine. The cleansing effects of colon hydrotherapy reduce stagnation and subsequent bacterial proliferation in the colon and maintain harmony of the intestinal flora in promoting optimal colon health. The therapeutic effects are improved muscle tone, which facilitates peristaltic action and enhances the absorption of nutrients from the cecum and ascending colon, while minimizing the absorption of toxic waste material. In addition, the removal of stagnant waste material and comprised toxins could rejuvenate the immune tissue that resides in the intestine — recent European studies speculate that a greater portion (80%) of immune tissue, than previously thought, resides in the intestines. Colon hydrotherapy is not a cure-all, but an important adjunctive therapy in the overall health care of the patient. The principle involves tubular and cellular drainage outwardly from the rectum and inwardly via the portal and mesenteric lymphatic system.

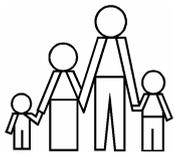
The enema's cleansing ability is limited to the area of the rectosigmoid and shorter periods of time because of the body's natural wish to expel material from the rectum. Colon hydrotherapy extends beyond the natural expulsion area to offer greater cleansing and therapeutic benefits.

Variations in the enema therapy include: cleansing, which softens the feces and promotes evacuation of the bowel; retention, which softens the feces and lubricates the lower bowel and rectum, carminative, which is used primarily to relieve flatus (gas) and nutrient, which provides liquid nutrition for rapid absorption by the colon and rectum.

Disease and functional disturbances of the digestive organs are the most frequently complained about problems today. The health of most organs as well as our overall well-being depends upon how well our bowels (intestines) function. A change in the diet after many years of wrong eating habits does not assure optimal colon health.

The American Cancer Society... suggests that bowel cancer is caused by environmental agents such as pesticides, herbicides... and carcinogenic agents in the air.

Research has shown that regular use of refined carbohydrates and lack of fiber in the diet increases the transit time of bowel wastes and stimulates putrefaction in the colon. Both of these factors have been linked to constipation and certain bowel diseases such as: diverticulitis, colitis and colon cancer, which has a high success rate for cure with surgical management when detected early. The American Cancer Society has provided evidence in recent years which suggest that bowel cancer is caused by environmental agents such as: pesticides and herbicides sprayed on crops, hormones, and antibiotics fed to animals, and carcinogenic agents in the air we breath. Periodic cleansing of the colon could minimize



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the exposure of these potential carcinogens to the colon wall.

The indications for colon hydrotherapy as determined by the physician include acute fecal impaction, constipation, colitis, diarrhea, parasitic infections, atonic colon, mucus colitis, fever therapy, hyper/hypothermia, bowel training in para/quadriplegics, flatulence, bloating, hemorrhoids (mild), intestinal toxemia, nutrient supplementation, diverticulosis, detox alcohol/drug units, and preparation for Barium x-ray, colonoscopy or surgery.

Other indications, which require direct supervision by physician, are Diverticulitis, ulcerative colitis, Crohn's disease, on site preparation following trauma, and up to 4 months of pregnancy.

The contraindications for colon hydrotherapy include: Severe cardiac disease, (uncontrolled HTN or CHF), aneurysm, severe anemia, GI hemorrhage or perforation, severe hemorrhoids, cirrhosis, carcinoma of the colon, fissures fistulas, advanced pregnancy, abdominal hernia, recent colon surgery or renal insufficiency.

Common Concerns about Colon Hydrotherapy:

Laxatives vs. Colon Hydrotherapy

Laxatives act as chemical irritants and stimulate the muscular walls of the colon to abnormally contract to expel the irritating substances. It is very easy to become dependent upon these drugs. The oral route of administration is the least optimal method of evacuation of the large intestine. Very important digestive processes occurring higher up in the alimentary tract (stomach and small intestine) are interfered with. Most laxatives and other cathartics precipitate dehydration in the patient. Colon hydrotherapy alternately fills and empties the colon and would improve the hydration status of the patient.

What about possible electrolyte depletion in the colon?

When the body is properly nourished with good quality organic foods containing sodium, potassium and magnesium, the electrolyte level of the colon is replenished as part of the diet.

Will the intestinal flora be disturbed by Colon Hydrotherapy?

The large intestine is producing bacteria on a daily basis and adherence to proper nutrition will enhance the colon's ability to maintain balance following colon hydrotherapy. The physician may elect to prescribe lacto acidophilus/bacillus culture to facilitate this process or incorporate low fat dairy products (yogurt, etc.) into the patient's dietary program.

What about possible contamination?

Following a colon hydrotherapy treatment, the instrument is thoroughly cleansed and disinfected. A potent germicidal solution is used to properly disinfect the instrument and its contents are not harmful to the colon environment. When the disinfecting procedure is completed, the instrument is generously cleaned with water to flush the germicidal solution completely from the hydrotherapy instrument.

What about possible perforation of the colon?

Modern instruments can introduce a minimal starting pressure of 1/8 - 1/4 psi, which produces one-pint-of-water-per-minute flow. The treatment, then, can be performed effectively, below the 1 psi setting (in contrast to a standard hospital enema, which starts as 2 psi and increases another psi per foot of elevation).



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Colon Hydrotherapy as a preparation method

Colon hydrotherapy offers valuable application as a preparation method for diagnostic study of the large intestine. The superior preparation would provide an optimal study (x-ray, sigmoidoscopy, and colonoscopy) and allow for a more accurate diagnosis. The procedure would minimize the incidence of improperly prepared patients and the need for repeat studies, which represents a significant cost factor, as well as in the case of Barium Enema, additional radiation exposure to the patient.

Over \$400 million is spent annually on laxatives in the U.S.

Patient discomfort resulting from retained barium could be avoided utilizing colon hydrotherapy cleansing of the barium solution. Following the x-ray study, colon hydrotherapy would eliminate the problem of residual opaque material in subsequent upper GI series of plain film studies. Finally, improved quality of the preparation preceding barium implantation may decrease the risk of perforation at the time of administration. In the specialty of gastroenterology, colon hydrotherapy would provide optimal preparation for sigmoidoscopy/colonoscopy and maximize the physician's timetable.

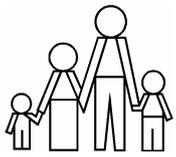
Colon hydrotherapy would also function as a valuable preparation for gastrointestinal surgery. This colon cleansing system would provide a more optimal surgical field and potentially decrease the risk of post-operative complications.

Good health is as much a function of our elimination status as the quality of food we ingest. Consider that over 400 million dollars is spent annually on laxatives in the United States. Every year 140,000 Americans are diagnosed as having colorectal cancer. Of this population, 44% will die as a result of the disease. Colon cancer is the second leading cancer killer in the U.S., following lung cancer in men and breast cancer in women. At least two million suffer from colitis, ileitis and diverticulitis, and 100,000 have a colostomy each year. Periodic cleansing could minimize the exposure of potential carcinogens to colon walls. The colon hydrotherapy procedure allows the opportunity for digital rectal examination. At this time a hemocult smear (persons over 30) could be obtained, and a screening method for the detection of colorectal cancer observed.

Periodic cleansing could dilute the toxin concentration in the cecum and facilitate the removal of same. The result is a reduced load on the portal and lymphatic system allowing the five eliminative organs to the body to balance the removal of these toxins with their production. When a breakdown in one or more of these systems exists and toxins abound, the potential for disease is greatly increased.

Research has shown a definite correlation between the nature of the diet and type of flora in the intestine. A diet high in protein results in predominantly proteolytic putrefactive bacteria, which produce toxic compounds, some of which are absorbed. Alteration of the physiologic Flora (balanced) can predispose to some 36 bacterial toxins. The physiologic (normal) Flora consists of 30 - 40% gram negative bacillus and over 30% acidophilus. The pathogenic Flora consists of streptococcus, staphylococcus, E. coli, etc., which are present normally in small numbers. When conditions exist that alter this proposed balance, the pathogenic Flora can flourish and be a source of disease.

Small amounts of protein, fats and carbohydrates escaping digestion in the small intestine may be digested by bacterial enzymes in the large intestine. These organisms are capable of breaking down (cellulose) and synthesize folic acid and other B vitamins, as well as vitamin K. E. coli has recently been recognized as being able to split triglycerides (fatty acids). Certain amino acids: tryptophan, tyrosine,



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phenylalanine and histidine under bacterial enzyme influence produce the toxic compounds: skatole, indole, phenol, cresol, histamine, etc. The products of putrefaction may be absorbed in small quantities by the mucosa and transported to the liver, where they are detoxified to be excreted by the kidney in the form of sulfates and glucuronides. The material which remains in the colon and is eliminated in the feces contain indole, skatole, mercaptan, hydrogen sulfide and bacterial end products of cystine, which gives the feces an unpleasant odor. The color of the feces is due to bacterial action on stercobilin (bile pigment).

Some ammonia is formed by bacteria in the intestine, mainly from digestive products of proteins and converted to urea in the liver. In liver disease such as cirrhosis, increased levels of ammonia in the vascular system can cause neurological symptoms resembling hepatic coma. A low protein diet may ameliorate these systems. Cleansing the colon serves to dilute and remove the toxin concentration in the large intestine and respective blood supply.

Speculation has been made that a change in diet from high protein to high carbohydrate results in dominance of a non-putrefactive Flora. Other evidence implies that the ingestion of fermentable carbohydrates (glucose, fructose, lactose) results in delay of or complete inhibition of the putrefactive process.

The liver is the main detoxification organ of the body. The portal vein drains the gastrointestinal tract, gall bladder, pancreas and spleen. The blood retrieved from the stomach and intestines is not returned to the heart but shunted to the liver where portal blood is discharged into sinusoids of the liver, which are surrounded by liver cells. In addition to removing, altering, storing and delivering the body digested fats, carbohydrates, proteins, vitamins and minerals, hepatocyte (liver cells) would detoxify and toxic material present and remove them from the system. The problem arises when toxins are present in too great a number to be adequately handled by the liver.

As with any organ or system in the body, the liver has a certain capacity for performing these functions of metabolism. When an unusual burden is placed on any one system, a breakdown occurs which affects the body as a whole. This breakdown results in an increased absorption of toxic substances, and if left uncollected the body will poison itself (auto-intoxication).

Intestinal cleansing is a therapeutic measure, which addresses the cause or source of the problem. Other measures, which treat only the symptoms, will provide only temporary relief of the problem. Colon hydrotherapy could clean and dilute the toxin load in the large intestine, resulting in a reduced burden on the liver, allowing the eliminative organs to function optimally. Colon hydrotherapy could also prevent stagnation and minimize the exposure of carcinogenic agents to the colon wall. The above combined effect may serve to rejuvenate the immunological system and truly be a pathway to vibrant health!

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