Advanced Integrative Medical Institute
Physiatrics
Colon Hydrotherapy

History:

- Archeological evidence shows the use of enemas occurring in Egypt over 4000 years ago.

- Galen and Hypocrites both regularly prescribed enemas.

- Over the years, peer review literature ahs never seriously questioned the purpose or effect of cleansing the colon.

- Colon Hydrotherapy was used extensively in hospitals and chiropractic clinics up to die 1950's when die skill, time and attention required for the procedure made it uneconomical. The increasing "prestige" of the medical profession also put this type of hands on procedure "beneath" the job descriptions of the doctor or nurse through a century earlier their counterparts performed colon cleansing enemas regularly. The estimated cost of a colonic in a hospital today would be over $500.00. It has become easier to give the patient powerful laxatives not nearly as gentle and therapeutically effective as administering colonics.

- Psychological issues pose a challenge to the administration of colonics in this society where children are raised to fear and abhor the waste coming from the body. This barrier is easily overcome by reeducating the patient on the importance of die colon and discussing the myriad of benefits to having a healthy bowel ecosystem.

Brief Description:

The usual colonic treatment lasts 45 minutes. A small speculum is inserted into the patient's rectum. The speculum is then attached to two plastic hoses which connect to the colonic machine. The smaller of the hoses carries ozonated, filtered water into the patient and the larger hose carries waste water from the patient into a lighted observation tube. The therapist then adjusts the volume and temperature of the water flowing into the colon and the patient is temporarily filled with water while lying on the left side with the knees drawn slightly towards the chest (Sim's Position). The water is allowed to fill to a point of the patient's tolerance which is different for different patients. When the patient begins to experience the usual discomfort of needing to have a bowel movement, the water is allowed to release from the colon and this cycle is repeated until fecal matter and or mucous begins to be expelled. Adjunctive therapies such as reflexology, acupressure, homeopathy, laser therapy and massage are used to encourage peristalsis and fecal release to begin. Once the patient is actively discharging waste, they are turned over onto the back position and a firm pressure is exerted over the area of the ileo cecal valve to assure its closure and prevent the waste of the colon from entering the sensitive environment of the small intestine.

Much information may be obtained by noting the particular type of matter being expelled during the session. One may see mucous, parasites and very old, feculent material (noted by its dark color) pass through the observation tube. Undigested food resulting from poor eating habits (poor mastication) and an inefficient digestive tract is obvious. It is very important to use the correct temperature and amount of water for various conditions. A properly conducted session is neither painful nor uncomfortable. It should be noted that most patients need a series of colonics and that it may take three or four sessions before the older, encrusted fecal material begins to break up and flow out. After the procedure, a strong dose of Acidophilus flora is administered orally. A patient on a series of colonics is placed on a regime of oral flora supplementation for the duration of the series.

Benefits and Indications:

Over 22 known poisons can be recognized in a toxic colon. They include phenol, cadaverin, agamatine, indol, sulphurieted hydrogen, cresol, butamic acid, botulin, putrescin, urrobilin, histidine, ammonia, muscarine, methylmercaptan, indican, indothylamine, sulpherroglobibine, ptomartopine, pentamethylamine, neurin and sepsin. The efficient evacuation of these toxins from a diseases colon has enormous benefits to the overall health of the patient Specific benefits shown through clinical observations over the years include but certainly is not limited to the following:

- Improvement of many skin conditions such as eczema, acne and various kinds of rashes. The skin becomes a back-up eliminative organ for the clogged and sluggish colon resulting in the conditions mentioned above. Cleansing the colon often alleviates these conditions permanendy where no amount of steroid creams an other medications have any permanent effect.

- Improvement of lung, kidney and liver functions for the same reason mentioned above.

- Improvement of conditions of allergy and chemical sensitivity which are benefited by a massive reduction of the overall toxic load on the body.

- Improvement of conditions of bloating, gas and indigestion related to a sluggish and clogged digestive tract.

- Improvement of arthritic conditions which are constantly irritated by the internal toxemia induced by putrefaction of rotting fecal matter backed up in the colon.

- Colon hydrotherapy is part of may excellent protocols for preparation in various medical procedures, (see attached)

- Improved absorption of vitamin K and B-12 in the colon.

Safety and Contraindications:

Colon hydrotherapy is an extremely safe procedure when the following contraindications are observed:

- Heavy use of steroids which can weaken the mucous membranes.
- UpH and SpH of the Bio Ionic Chemical Analysis below 5.5.
- UpH and SpH of the Bio Ionic Chemical Analysis above 7.4.
- Acute stages of ulcerative colitis, Crohn's disease or diverticulitis.
- Recent colon surgery.
- Recent MI or severe cardiac instability and or extremely high blood pressure.
- Heavy menstrual flow.
- Pregnancy.

PROTOCOL - GASTROENTEROLOGY

Colon Hydrotherapy is a valuable modality in the preparation involving diagnostic studies for evaluation the colon including sigmoidoscopy and colonoscopy. This procedure effectively cleanses the entire colon affording optimal preparation for the above studies while maximizing the physician's timetable.

Laxatives or enemas are not necessary prior to sigmoidoscopy or colonoscopy when utilizing Colon Hydrotherapy.

SIGMOIDOSCOPY

24-hour clear liquid diet after midnight day one. Colon Hydrotherapy treatment day two. Exam on day two or three.

COLONOSCOPY

24-hour clear liquid diet after midnight day one. Colon Hydrotherapy treatment day one. Colon Hydrotherapy treatment day two. Exam on day two or three.

PROTOCOL-SURGERY

Colon Hydrotherapy would function as a valuable modality in preparation for gastrointestinal surgery. This colon cleansing procedure would provide a more optimal surgical field and potentially decrease the risk of post-operative complications due to the presence of bacteria at the suture line.

In addition, Colon Hydrotherapy may be applied to all patients undergoing general or spinal anesthesia: cardiac, general, OB/GYN or urologic surgery, as it would reduce problems with bowel function associated with general anesthesia following surgery. The use of strong laxatives or purgatives such as castor oil, along with enemas can be avoided when utilizing Colon Hydrotherapy as the method of choice prior to or following surgery.

The gentle infusion of warm water into die rectum would promote elimination and not stress the incision site.

Timetable for liquid diet prior to surgery as directed by the surgeon. One Colon Hydrotherapy treatment on two consecutive days prior to surgery.

POST-OPERATIVE APPLICATION One Colon Hydrotherapy treatment on two consecutive days following surgery (excluding intestinal or rectal surgery), or as indicated by the individual's bowel function status.

PROTOCOL-ACCELERATED 23-HOUR PREPARATION FOR THE SPECIALTY AREAS OF RADIOLOGY, GASTROENTEROLOGY AND SURGERY

Colon Hydrotherapy provides the most effective preparation for diagnostic procedures relating to the large intestine including: barium enema, sigmoidoscopy, colonoscopy and surgery. This technique promotes an optimal examination site and allows for a more accurate diagnosis.

Preparation utilizing Colon Hydrotherapy would obviate the need for laxatives and other oral preparation solutions which interfere with important digestive and assimilative processes occurring in the stomach and small intestine. Most preparation procedures precipitate dehydration in the patient, whereas Colon Hydrotherapy in effect, would improve the hydration status of the patient by absorption of water through the colon.

The accelerated twenty-three hour preparation schedule would allow the patient to be treated in the hospital and discharged within a twenty-three hour period maintaining out-patient status.

24-hour clear liquid diet past midnight on day one.
Check-in at 11:00 a.m. day two (pre-op as per surgeon).
Colon Hydrotherapy treatment day two.
Colon Hydrotherapy treatment 6 — 8: a.m. day three (2-6 hours before exam)

NOTE:

In the case of barium enema: one Colon Hydrotherapy treatment immediately following the barium study.

PROTOCOL-PEDIATRICS

Colon Hydrotherapy may be applied to the child experiencing difficult elimination. A small pediatric speculum is available for easy insertion and gentle application of warm water to bathe the large intestine. An initial series of one to three treatments in a three week period are recommended. Following this, one treatment every three months as determined by the physician based on the individual's elimination problem.

INTUSSUSCEPTION

A telescoping of the bowel upon itself and is most common in infants, occurring at the ileocecal junction. Under the direct supervision of a physician the gentle infusion of warm water throughout the colon may spontaneously resolve this condition. One treatment prior to surgical intervention is recommended.

PHEOCHROMOCYTOMA

Constipation occurs in about 8% of children with Pheochromocytoma and may result from the pharmacologic effects of catecholamines, especially noradrenaline. Treatment of this secondary symptom generally consists of a series of enemas and different combinations of laxatives.

Colon Hydrotherapy may offer effective management of the constipation problem and decrease the risk of intestinal obstruction as treatment is directed toward control of the Pheochromocytoma.

PROTOCOL-GERIATRICS/PARAPLEGICS AND QUADRAPLEGICS

GERIATRICS The geriatric population is largely affected by problems with elimination as a result of poor nutrition, dehydration and lack of exercise. Colon Hydrotherapy would offer effective relief of the constipation condition and provide an opportunity to examine the stool for occult blood on a continual basis for the early detection of colo-rectal cancer.

Constipation — An initial series of three to six treatments in a three week period are recommended. Following this, one treatment every month or as directed by the physician depending upon the degree of the individual's constipation problem.

Acute Fecal Impaction — Initial treatment given under the supervision of a physician. Following relief of this condition, one treatment on two consecutive days to complete the cleansing process.

PARAPLEGICS AND QUADRIPLEGICS The patient with paraplegia or quadriplegia needs a coordinated program including protocol to establish a satisfactory bowel and bladder program. Bowel training traditionally involves glycerine suppositories, enemas, stimulant medications by mouth or rectally and regular digital stimulation as well as manual disimpaction.

Colon Hydrotherapy continually bathes the entire colon removing impactions from colon walls and providing relief from bowel problems associated with spinal cord injury. This modality would obviate the need for manual disimpaction and be a valuable asset to the bowel training program.

An initial series of three to six treatments in a three week period are recommended. Following this, a range of one to three colon hydrotherapy treatments per month as directed by the physician.

PROTOCOL - GENERAL THERAPEUTIC APPLICATION

Colon Hydrotherapy is a restorative procedure which is both relaxing and effective. This modality has both a therapeutic and solvent action on the large intestine. The cleansing process removes putrefactive material, impactions, flatus, mucus and infectious material promoting regular elimination and optimal health.

Colon Hydrotherapy improves the hydration status of the patient. The water that is absorbed during the treatment cleanses tissue at the cellular level and removes toxins enhancing elimination through the liver, kidneys, skin and lymphatics, as well as in the colon.

Therapeutic application with warm and cool water induces relaxation and contraction of colon muscular walls, facilitating peristalsis and improving the atonic bowel condition.

The body will continue to cleanse after the treatment program and adherence to proper nutrition will promote the physiologic flora and maintain a healthier colon.

Generally, a series of 3-6 treatments are given in a 2-3 week period. Following this, a series of 2-3 treatments every 3-6 months is generally recommended.

The treatment series will vary according to the physician's assessment of the individual's symptoms and bowel status.

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GLOSSARY

Acidophilus — friendly bacteria.

Anaerobic bacteria — bacteria which cannot live in the presence of oxygen; putrefactive bacteria are anaerobic.

Anthelmintic action — removing parasites.

Atonic — lacking normal muscular tone or strength.

Auscuiktion — listening to internal body sounds with a stethoscope (medical instrument with a dkphragm and bell).

Carcinoma - a malignant new growth made up of epithelial cells, tending to infiltrate the surrounding tissues and give rise to metastases.

Chologague — agent which stimulates flow of bile from liver (increased digestion of lipids).

Colic - a condition of severe abdominal pain; may be initiated by the presence of gall stones, metal poisoning, colitis, parasites, urinary or reproductive disorders, etc.

Colitis — inflammation of the colon.

> Mucous Colitis: inflammation of the colon, accompanied by large secretions of mucus, mucus therein, constipation or diarrhea and the passage of mucus and membranous material. Ulcerative Colitis: inflammation of the colon, accompanied by the presence of ulcers.

Constipation — infrequent or difficult evacuation of the feces.

Diarrhea — abnormal frequency and liquidity of fecal discharges.

Distal — a point furthest away from the point of origin.

Diuretic Action — removal of water from tissues.

Diverticulitis — inflammation of diverticuli.

Diverticulosis — the presence of diverticuli, particularly in the intestine.

Diverticulum — a circumscribed pouch created by herniation of the mucous membrane through a defect in the muscular coat of a tubular organ.

Dyschezia — constipation due to rectal disorder.

Dysentery — a term given to a number of disorders, marked by inflammation of the intestines, especially the colon, and accompanied by pain in the abdomen and frequent stools

containing blood and mucus; caused by several protozoan and bacterial organisms (e.g., Entamoeba histolytica and Shigella sp.).

Fatty stools — are produced by the ingestion of large quantities of fats and in the absence of bile.

Fistula — an abnormal passageway between two internal organs or leading from an internal organ to the surface of the body (e.g., rectovaginal, pulmonoperitoneal).

Fissure — ulcerative laceration of anal canal.

Flatulence — distention of the stomach or the intestines with air or gases.

Flatus — gas or air in the gastrointestinal tract

Guiaic — Microscopic evidence of blood in the stool determined by slide examination.

Haustra — sacculations in the wall of the large intestine.

Hemorrhoids — a varicose dilation of a vein of the superior/inferior hemorrhoidal plexus.

Melana (black stools) — may be due to the presence of occult blood from hemorrhages higher up in the digestive tract.

Melanoma — a malignant skin lesion that can, but rarely does occur at the anus.

Necrose — refers to dead tissue as a result of strangulation or lack of blood supply.

Proximal — a point closest to the point of origin.

Stasis — is a lack of drainage or meaning to stand.

Thrombosis - clotting of blood in a localized segment of blood vessel.

Viscus — refers to any hollow organ of the body.