

CASE STUDIES

All the case studies are on one scrolling page, and are numbered on the index, so you can easily find one if its of particular interest to you.

Note that not all the cases are folk I have seen; some are from other colon hydrotherapists. They are indicative of the possibilities arising from treatments, although by no means guarantees. Necessarily, they are anecdotal in nature, and by no means undertaken in controlled conditions since clients live in the real world, and have multiple life factors going on at any one time . (Don't we all?).

So please exercise your own judgement whilst reading these accounts.

WLC are not a spa type clinic; neither are we a medical centre; we are firmly in the Alternative Health, meaning the paradigms we subscribe to are not the conventional medical model (in which our training is limited, although Julia Rhodes, our principal Colon Hydrotherapist is a qualified, non practicing physiotherapist).

We attempt to bring a balanced view to the Cases we present, however freely admit our bias toward Alternative health ideas.

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Case studies

1. Case study: Colonics to support Liver Flushes

Allan D (not real name) is a long -standing client, who has been coming to West London Colonics for treatments since the end of December 2102. He is self employed, in the package delivery service industry.

Key objective for having colonic treatment: Allan was very clear about his objectives in having colonics, it was essentially to support his self-selected Cleansing/ Detox regimen of choice.

His commitment extended to a period of self education about health from a holistic perspective, following which he embarked his chosen primary detox plan , ie Liver flushing as described by Andreas Moritz (the author of “the Amazing Liver Flush”).

Moritz recommends colonics taken strategically during the liver flush program. Optimally, he suggests that they be taken twice during the Flush protocol (once just before the Olive oil intake (on the same day)

and the other the day after the Oil intake. (The latter colonic being the one he recommends as being more important if 2 colonics are not feasible.)

Other issues reported at start of treatment: At the outset, in Dec2012, Allan weighed 12st,13lbs and reported lower back pain and neck whiplash residual effects as issues. Sleep issues also reported.

Overview of treatments: Allan has had 21 colonics so far (as at June2014). Most of them have been at least once a month, some have been 2 (back -to -back) sessions within a day of each other (as advised by Moritz);and in some months he has had as many as 3 colonics.

Chronological review of treatments In February 2013, Allan reported he had had the ATLAS treatment for neck whiplash/ back .He had lost 1 stone. He had been going through a period on encountering night sweats (toxins releasing from system ?). Whilst generally feeling well, he noticed his gym work had decreased in intensity.

As at March 2013, he had done a total of 10 liver cleanses (obviously the majority predating colonics with WLC. Liver flushes are not to be done at a frequency of 3 to 4 weeks between each flush, per Moritz).

As at April 2013, he reported that large stones had been released during the latest Liver flush. Reported intermittent constipation and gas build up between March treatment and current treatment.

As at May 2103: has come through a plateau, now feeling very good, better food intake, feeling stronger and fitter.

July 2013: Post flush releasing stones, and interestingly during colonic treatment , there was release of major amounts of what holistic therapists describe as ‘mucoid plaque’.

Ayurveda describes this sort of mucus discharge as kapha ama (kapha being one of 3 body doshas, and ama being a term for toxins). Again from a holistic point of view this relates to release of deeper layers of toxic debris. Ayurveda notes that release of toxins roughly corresponds to vata dosha ama (wind, gas) pitta dosha ama (liver related toxins) and kapha related ama – each deeper layers of toxins. Similar result seen in post Flush colonic in September 2013. *(Allan had 3 colonic treatments in the month).

In his October treatment, he reported feeling somewhat weary of liver flushes, although in November he reiterated his commitment to continuing “until all the stones were out “. This, by the way, is the school of thought which Moritz suggests for those who are up for it. (It’s definitely not an approach which will suit everyone).

In his post Xmas January 2014 treatment, he reported another subjectively felt breakthrough “ feeling a lot cleaner inside” and also unlike in previous Liver flushes he wasn’t feeling ‘sick ‘early in the morning (ie a toxic reaction).

In February 2014 , when Allan had 3 treatments, we reduced the length of the sessions to 45 min because he released well on the table, and this also helped the affordability of his treatment regimen.

As at *February 2014, at an intermediate review* Allan reported the following improvements: • Headaches (during driving) were no longer an issue. • Habit of scratching top of head unconsciously (and somewhat compulsively) when stressed, had reduced. • Regularly going to bed between 10-11pm, rather than erratically, and late. Therefore sleeping better and longer. • Able to delegate workload better, therefore less stress. • Emotional stability much improved. • Weight now stable at 80 to 83 kgs. • Able to eat some cheese now (evidence of stronger digestion)

Breakthrough results persisted. In his March treatment, Allan commented “ Last session I could have skipped home... feel good today too!”

In April 2014 (when Allan had 3 treatments), he commented that his Liver flush protocol wasn’t done yet, because his lower back pain persisted. (Indeed in the Colonic some largeish stones were evident in the debris released.)

Allans’ last treatment at time of writing was in June 2014 at which time he said he would take a 3 month break from Liver flushes, a decision I endorsed. Allan also posted a ‘Client review ‘ on WLCs Wahanda business page, and an exchange of e mails is also featured on that page. [See ‘back2basic ‘ client review on- <https://www.wahanda.com/place/west-london-colonics/>]

I have outlined this case in some detail, because it is interesting, and non-typical. Obviously some will consider it controversial. It should be clearly understood that Allan is undertaking his Liver flush treatment based on his own research, his own intuition about what is right for him and what it means to live based on holistic principles. WLC 's role is as support to his self selected health objectives and regimens.

Allan understands his body and psyche well and is a deep thinker with considered views about health, wellbeing, spirituality – he is fully engaged in the journey of being human. He is treading his own path and I count it a privilege to have been invited to walk side by side with him on some of the health part of his journey.

By the way, as at Jan 2016 , Allan continues to be a WLC client.

References See back2basic client review on <https://www.wahanda.com/place/west-london-colonics/>

Disclaimer All information shared is from a holistic, not medical perspective. Colon hydrotherapy is not a medical procedure. Julia Rhodes is not medically trained. This case report is anecdotal in nature and no claim of clinical efficacy is made. This case report has been passed to the client in question, and is published with their consent and explicit confirmation of its accuracy. That said, obviously should there be any minor inaccuracies in the text it is solely the responsibility of the the author.

2.The ultimate facial: Beauty starts from the inside

So here's my perspective on the ultimate facial; it's one you may not have heard of, and which is hardly likely to be top of mind when thinking of having a facial. It involves tubing, plenty of water, and a topsy –turvy view on things....

Hydration is all the vogue these days; it's in every health professionals top 5 recommendation.

But this is hydration with a difference! Its called colon hydrotherapy. OK, the term is a mouthful (an alternative colon irrigation is mores so, in my opinion) but this is a generally well-regarded alternative therapy, with ancient roots, and was once common practice in hospitals. Pity that cost cutting measures pushed it out of the forefront.

Whilst of course I am biased (being a practicing colon therapist) I believe it is one of the most rejuvenating and healing treatments one can have. Colonic hydrotherapy provides an internal wash (when was the last time you had one?) that leaves many people with a spring in their step and a glowing sense of well being afterwards.

What's the procedure? Briefly, it involves the gentle introduction of filtered water into the colon to progressively soften waste, and facilitate its movement out of the body. The steady flow in and out of water stimulates the colon musculature helping it to regain natural tone, shape and peristaltic action.

You might call it a form of internal fitness training.

One can expect progressive, gentle relief from bloating and constipation, as well improved mental clarity, improved sleep clearer skin. I said earlier that this is a generally well regarded practice, and so it is. However, not every one has a sanguine view of it. There are

detractors, so everyone considering it should make up their own minds. One of my clients put it rather well in a client review she wrote:

'I was quite apprehensive before talking to Julia and having the colonic. I've never had one before and feel like all you ever see in magazines and online is about negative experiences so I was a bit hesitant but wanted to experience it myself before I made a judgment. I'm not going to go into miles of detail as Julia is the expert but it was so not what I was expecting. It was relaxing, soothing and a great experience. I thought I was going to feel horrible and embarrassed but its so far from the truth.' - Mandykk; Visited April 2014

(Actually there are plenty of positive reports about colonics but as in news, the bad gets way more coverage, even when patently poorly formulated).

A spirit of **cautious** experimentation, based on commonsense and respect for holistic viewpoints, is a useful way to go for some. Personally – and I am only talking personally-I believe in the approach of Tony Robbins, the premier peak performance expert of our time, who argues for action over inaction. He says model (ie copy) those who have already gotten the results you want, rather than listening to those who haven't, but instead skillfully offer up theories about **why not** to take action.

He says, in effect: Theoretically, there will never be a right time for taking action. So don't wait ... and wait ... and wait. More times than not, waiting is a waste of time.

3. Case study Long term relief from IBS after short course of treatments and lifestyle changes

Dominic (not real name), a IT senior manager in the Hospitality sector (age 40) came to see me to see if Colonic treatments could help with his IBS (diarrhea predominant) and persistent bloatednes/ griping symptoms.

He had 4 treatments in early 2013 and reported immediate improvements in his symptoms. Following his very first colonics, occurrences of bloating reduced, griping stopped.

The improvements were so pronounced that although Dominic intended to return in 2 months time, he didn't feel the need to. in the event, I didn't hear from him until July 2014. After a period of sustained improvement, recently Dominic noticed a relapse of IBS symptoms and has returned for a further series of treatments. [Note: Many folk with IBS would be very pleased to have a 15 month period of relief from its symtoms.]

What is interesting about this case is that a short course of treatments, plus relatively small changes yielded noticeable results. And a long period of freedom from the worst of his symptoms.

After his first series of treatments, Dominic had adopted the practice of regular water fasts for a 18 hour period 1 day every week, stopped coffees (in favour of herbal drinks), ate more consciously. The IBS relapse occurred after a period of letting the dietary discipline slip.

This suggests that Dominic will derive significant benefit from another course of treatments, as long as he follows through reasonably on sensible lifestyle changes.

4. Post colonic treatment- what do you do Do you remember (After-care Instructional Process.)

You've told your story during the consultation. Your colon hydrotherapist gets it. You've had your on-table treatment. Time for the short post-treatment discussion. In conjunction with you, she formulates a plan to build on the progress made in the session. You've been engaged in the treatment plan dialogue. Plenty has been said.

Now: Do you remember what you need to do after the treatment?

This isn't a trick question. A 1996 study at the Mayo Clinic showed that people going to doctors remember less than half of what medics tell them during office visits. Of course, colon hydrotherapy is a holistic health not medical intervention, but part of the service is providing *aftercare instructions*. As for me, as a colon hydrotherapist, I am always conscious that I might end up providing *a lot of information*. It could be overwhelming, because I might say it too quickly (because I am familiar with the information,) **but** it might be the first time clients hear it.

I often repeat similar lifestyle recommendations:

drink more water, Eat fresh food, more vegetables, stop smoking, lose weight, have probiotics, consider a fruit fast, consider fruit/veggie juices, have tests for parasites.

There can be a lot to say. Perhaps I give too much information.

That's why I give written after-care sheets especially after a first treatment. And I will often follow up with an e-mail. After all it is important you know what you need to do.

First of all, what works well (**WW**) – what you are already doing, but perhaps can do more of. And also what to Do Differently (**DD**) Also is

it clear to you what the Treatment principles (**TP**) are?

Do you need to rest to get better? Stop unhealthy habits? Are you starting probiotics or changing strains of them? Do you know how to take them for best effect? Do you need to see a medic for tests? Do you need to attend any preventive health classes? Do you need to exercise more? What are your treatment goals and plans? When should you return for further treatments? Do you return in a few days, weeks, months, or a half year for a follow up visit? Whats the best way to make the appointment? What signs or symptoms should you look out for which would indicate a need for treatments sooner?

These are just some relevant aspects of the ***Aftercare Instructional Process.***

Ultimately the true value of colonic treatments lies in what happens after the session/ in between sessions- thats where you , the client , is spending their life!

5.Bloating / gas case study

Here is an interesting, educational study drawn from the experience of my ARCH colleague Linda Booth [LB], who is always generous in sharing her knowledge. I have edited & adapted the study for contextual purposes.

The case is of a 43 year old male [hereafter Mr. X]who came in for digestive health assessment and colonic hydrotherapy treatment.

Symptoms: smelly flatulence and bloating, (no idea why). He's seen his GP and several different therapists, but they haven't been able to help.

Whilst LB is not medically trained, most colon hydrotherapists {cht} aren't, the more experienced chts' *are* knowledgeable. LB picked up what the issue was within minutes of reading the clients completed health questionnaire. Against the list of any medications taken currently, Mr X noted he had been taking the proton pump inhibitor, Lanzapazole at 15mg per day, for 10 years! (He suffers with acid reflux).

Meds have tradeoffs – positive results vs negative or side effects. In the case of Lanzapazole the acid reducing medication will help prevent the contents of stomach and hydrochloric acid from migrating out of his stomach and up the oesophagus, it does this by neutralizing the stomach acid with prolonged use. The stomach acid gets far too low. Yes ofcourse its important to stop the acid getting into the oesophagus because it can lead to cancer, but the effect the medication is having on the intestines and digestion is far from benign.

We need stomach acid to help break-down and digest proteins. Acid is also important to enable absorption and assimilation of nutrients. On top of that, the acid acts as a neutraliser to any bacteria, virus, parasite or other pathogen trying to get into the body, via the mouth.

Mr. X has very smelly gas, and bloated intestines due to inflammation in this small intestines.

LBs therapeutic approach.

Tweak Mr X s diet a little, asking him to **avoid** alcohol, for the time being, tomatoes, anything from the onion family, and anything spicy. **Introduce** some pineapple and papaya into his diet as these contain natural digestive enzymes, and **slant his bed** by placing some boards under the feet at the head of the bed, so the head side is higher up, stopping acid reflux out of his stomach when he's asleep. (It's important not to sleep flat in bed, especially if you have reflux.) LB also recommended a daily probiotic and some digestive enzymes.

With Meds its easy come, easy go, i.e don't take too many, and don't come off meds too fast. It's important not to just stop taking acid-reducing medication, as this can cause reflux-rebound, where acid just pours into the oesophagus and into the throat. It has to be a gradual withdrawal of the medication, incorporating some gentle, natural digestive enzymes instead.

5. Case study Colonics as a solution for sudden (diet) induced constipation.

One memorable case at the beginning of this year (2014), started with a desperate phone call and e mail message: "Could you please tell me when your next available appointment as I am quite worried and need some intervention because I haven't passed any stool for the past 2 weeks as a result of a change of eating habits."

The client, Ali-Ali (not real name), hoped that with the help of colonic treatments she could avoid going to a hospital... In the event, I was able to fit Ali-Ali in with an appointment at short notice (the same day as her enquiry).

The indications were for two colonics to be administered back-to-back with a short gap in between. The first colonic was required essentially to begin to hydrate the impaction in her colon. There was minimal release of stools at this point, although the client reported feeling a lot better. However, the intervention was not complete. I sent Ali-Ali out to the nearby park/ green space to walk around, with instructions to return in around an hours time for her second treatment.

The second treatment achieved the desired result, copious release of the softened stools. These two treatments were all the intervention that was required to return the colon to kick start normal functioning. A grateful Ali-Ali phoned me in the next few days to say she was "All Good"!

6. Case study Chronic constipation as a result of invasive medical procedure and long-term use of medications

Age, and having many pre-existing medical conditions, is no bar to having colon hydrotherapy treatments.

I have recently treated a male client in his late 70's with multiple existing health conditions, including hypertension (well controlled), a history of heart attacks (bypass surgery and stents); diabetes type 2; BPH; chronic kidney disease; asthma, bronchitis, COPD. He was also taking around 23 tablets per day (albeit no steroids).

The clients reason for wanting colonics was severe long term constipation ostensibly result of an invasive medical procedure two decades ago, and no doubt exacerbated by the amount of medications being taken. None of the conditions were individual contraindications for the use of colonics, although the presence of multiple serious conditions meant that treatments were undertaken with extra care and attention.

The client was exemplary in his dedication and commitment and it was a pleasure working with him to help him enjoy relief from the misery attendant upon long-term, chronic constipation.

He reported that he derived enormous benefit from the 2 sessions he had. " feel fantastic, really clean and clear... (although) still lots inside to be released ...". A central idea in colon hydrotherapy is to improve people's quality of life. The treatment sessions were extremely gentle ones, (with shorter time periods for fills and much less water in the fills than usual), appropriate to the clients state of health and constitutional strength. The clients' toleration of the treatment was " very good ", meaning little discomfort during the treatment, and no colonics-related 'healing reactions' after treatment.

An ideal and entirely benign out turn.

Conclusion Colonics have been shown to be a safe procedure, and people with many pre-existing health conditions can have it administered without harm. One must apply a duty of appropriate care. In treating this gentleman I consulted with experienced colleagues and mentors, one of the advantages of belonging to a well established professional body. Moreover, it is helpful when the clients GP is

supportive of treatments.

A cardinal rule in the use of colon hydrotherapy, most especially its application with those with pre-existing health conditions, is the principle of understanding the status of conditions that may have a bearing on treatment.

7. Working to change long term eliminative issues in pre-teen youngster

I like to share the success stories of other colon hydrotherapists doing great work; here is a snippet from Manchester-based Gaynor Thomason's case file. I have lightly edited her original account.

“ I had great success with a young lady of 12 years old who had been taking laxatives since the age of two. Her doctors and consultants said that her anal passage must be slightly malformed and were too small to pass good stools. They predicted she would be on laxatives for life but her mother begged to differ. She brought the young lady to me, to try out something different.

I made sure not to wear my tunic and deliberately wore something a girl of her age could relate to. It helped. After the initial form filling in we talked about my leopard skin leggings and Primani, like a couple of giggly schoolgirls. Ice broken, trust gained immediately.

Not unexpectedly, there were a painful couple of sessions for her to get through, as the process of re-educating her colon was embarked upon initially but she trusted me to help her through those times & I did.

Combined with the advice on probiotics and nutrition, regular colonics and exercise I am glad to report the client is now a normal healthy 'poo-ing' young lady. Job done.”

I especially like Gaynors' description of how she got rapport with the young girl. So cool. And the trust she gained (and earned) would have been important in getting over the hump of the painful sessions.

[Note-Responsible treatment: colon hydrotherapy for a 'minor' requires ' a letter of referral' from their GP, consultant or health care specialist & the minor is at all times accompanied by a parent / guardian.]

8. Diverticulosis & Diverticulitis: when is colon hydrotherapy ok?

As you know I am not a medical practitioner, so I am not placed to diagnose what the current phase of a clients' condition is.

Just as an overview this is how I understand the condition. Problems associated with diverticulitis are rooted in today's commonly consumed diet. Highly refined & processed foods have a tendency to 'slow the BM flow'. And for our bodies to operate optimally, a crucial factor is BTT "*bowel transit time*" (time between eating food & the elimination). If BTT is prolonged, harmful toxins will form & fecal remnants collect & harden on the walls of the colon, reducing the internal diameter of the colon. Greater effort is then required by the colon's circular muscles to move this compacted waste material. It's this internal pressure which causes small packets (diverticula) to develop along the colon walls. Lets say a prospective client reports having both constipation & diarrhoea currently, as well as bloating, gas, griping (spasm) & abdominal pains . And they have previously been diagnosed with Diverticulosis, in remission, and have had occasional colon hydrotherapy treatments during the remission phase .

What to make of it? To understand the symptoms, we should make a distinction that Diverticulosis & Diverticulitis are in fact two different conditions

Diverticulosis, is when the diverticula have not yet become inflamed. (Or when diverticulitis is in remission, meaning severe/ large scale inflammation has been healed.) Diverticulosis symptoms are constipation, bloating and cramping. There may also be some small amount of inflammation and possibly, rectal bleeding. (If there's bright red blood from rectum the diverticula are bleeding.)

Diverticulitis is when pouches bulge out of the colon and these pouches (diverticula) become inflamed. For someone with diverticulitis, (the diverticula inflamed/ infected), the symptoms are somewhat different. They may include: Pain in the lower part of the abdomen, nausea with a fever, vomiting and a change in bowel habits.

According to University of California (San Francisco Medical Center) one sign of an inflamed colon is diarrhea, which can be a gradual symptom, or can come on suddenly. Abdominal pain is also a sign of an inflamed colon, the exact location of the pain can depend upon what section of the colon is affected with the inflammation. Note that Active Diverticulitis is extremely painful (& requires emergency medical treatment when complications such as perforations, tears, blockages or bleeding occur).

Preventive and restorative Care .

Changes in diet can help stop attacks of diverticulitis.

Increase the amount of fibre eaten by eating more fruits, vegetables,

and whole grains. Supplement diet with a fibre product, as recommended by doctor/nutritionist.(Make sure you are well hydrated before taking any fibre supplements ; they will otherwise do more harm than good.)

Avoid laxatives and narcotic medications that can lead to constipation. If the colon is not being cleaned properly the waste that is left behind encourages bacteria and the bacteria will cause the diverticula to become inflamed, and the further worsening of diverticulitis. It then becomes a downward spiral. **Colon hydrotherapy** can definitely help to break the spiral, but is advised only when the colon is not currently infected or inflamed to any significant extent. The reason is so as not to impose any stress on possibly weakened bowel walls. So, the prospective client (pc) in the example is currently apparently showing 2 signs associated with diverticulitis, namely abdominal pain & diarrhoea. As to how inflamed the colon is, will depend on how long it has been symptomatic, as well as how severe the pain is. Also, for how long has the diarrhoea been happening?

Colon hydro therapy is possible, but we need to know more. It also requires that the prospective client is knowledgeable about the pros & cons of treatment, so they are making informed consent. Of course, they have been previously treated, but not lately. The chances are that the p.clients condition has moved to an active stage. On balance, in this case, the p.client should have a GP check up, to establish the status of their condition. Also its doubly important to ensure they up their water intake up gradually, poor hydration is a real no-no in this condition.

9. Client modesty during treatments

A colon hydrotherapy colleague at the well regarded health centre, Obsidian in Spain consulted me with a query as follows:

“I am just wondering what you use for client modesty during treatments? We have hospital gowns we are looking to replace and was wondering if you knew of something less clinical and more up to date. I saw on the video on your site they used a type of wrap around skirt? Any tips would be greatly appreciated.”

I am always interested in sharing good practice with colleagues. I responded as follows:

Re ‘client modesty’ I personally have found that the combination of the gown and a small blanket work best. Clients seem to like the proper cotton gowns and with a small blanket to cover the legs and lower abdomen. "Dignity is preserved at all times" and clients are warm and

feel safe. I only expose the abdomen for the initial palpation pre-colonic and if I am doing a pre treatment abdominal massage, otherwise they are completely covered at all times.

I have preferred to use throw-type blankets as wraps, used in conjunction with the gowns. They are made of that wonderful soft fleecy material that are washable and dry really quickly, and therefore are very sanitary. (I use the ones from Ikea and though they are quite large I just cut them in half.)

Sometimes male clients prefer to use the blankets as a wrap (like in the video) instead of the gown. I always offer the option for either when explaining how to get ready for the treatment.

10. Case study: Inviting all clients to leave client reviews, whether or not their experience has been “positive”

Overview

People reading client testimonials for any service (let alone colonics) could be forgiven for having some degree of skepticism when they view all, uniformly and blandly positive comments. (WLC itself has generally positive reviews, but not all.) More important, we think, is that our clients have cared enough to write substantive (and substantial) reviews in an effort to help newcomers considering having treatments decide on whether or not it's for them.

WLC's policy is to invite every single client to post a review. We think that's the only way to work against reviewer bias. One of the interesting things about customer reviews in general (not just those for colonics) is that there is a natural – but perhaps unexpected bias – for clients to report their positive experiences.

By asking every client whether they would like to review us (and sending them all the links etc) to do so, we try to make sure that our future clients are well informed not selectively informed.

In reading this account I invite you to consider that this case dates back to early 2013 and that as at Jan 2016, I have seen over 1000 clients, and I can count on the fingers of one hand, clients who haven't had positive results, in one sense or another. *That is less than 0.5%*. Not that there isn't sometimes momentary discomfort, but that the overall outturn is for the better.

Specific case example

We had a client (2013) a lady Yoga enthusiast, age: 60 + who came in for a treatment. I had been recommended to her by her yoga teacher. She had had colonic treatments before (with another colonics clinic), about 3 or 4 years ago, which she had found uncomfortable. She had had a bowel perforation many years ago, predating her first colonics, which had obviously completely healed. Regrettably, her treatment with me also wasn't particularly comfortable.

Post colonic recommendation I wrote to her post-colonic with some recommendations: • 1/2 lemon in warm water first thing every morning (to help detox the liver and assist in keeping the body in the alkaline state needed for optimum health). • Good strength probiotics daily to maintain a healthy gut flora. I also addressed how to achieve a "comfortable" colonic session for her; and secondly, how to ensure her body utilises the water she was drinking.

1) Re the comfortable session – I suggested a good way forward would indeed be for her to take a break half way through the session to go to the toilet. Principle: to go slow, to go fast.

2) Re feeling constantly thirsty in spite of drinking a lot of water - I suggested flaxseeds in both a tea form for you to drink and as an implant after the colonic.

Phone call to report reactions

As it turned out, the client phoned me to report having abdominal pains as a result of bloating post colonic. I wrote to her that whilst these forms of reactions were rare in my experience (circa 2000 colonics under my belt), they do happen. I offered to see her for a same-day follow up in order to do some investigation. (I always like to probe the situation without being intrusive, because there's so much to learn when things don't happen exactly to plan.) The client decided against doing this as her schedule didn't allow it.

investigative questions

I asked her about possible factors ie:

1. Pro biotics. The client was taking some of her own supply. I wanted to check if the probiotics contained FOS? A prebiotic, included sometimes in the probiotic dose, which feeds the good bacteria. FOS feeds bad bacteria too, and a probiotic with FOS won't be good for anyone with an overgrowth of bad bacteria (dysbiosis). I only give particular strains and with/without FOS depending on what is going on. Even with good bacteria, too much of one strain causes problems. With health focus on the use of probiotics, people are using probiotics indiscriminately. The

default standard acidophilus or bifidobacterium is overused and sometimes problematic; less common strains such as sacchromyces boulardii or streptococcus thermopiles can be better.

2. Another question I asked was about anything in the food water intake? Cold water for instance? room temperature, or mildly warm water is best.

3. Any gas producing foods eaten?

4. Overly stressful day? Anything else you can think of? Of course my questions are in pursuit of a semi-scientific understanding, not to absolve the colonic itself from "blame".

As I said to the client if there's nothing else, then we have to conclude the preparation process for the colon (what to eat, drink, etc) was faulty either in advice given, or execution.

Or that colonic itself (herbs used etc) were not quite right.

Or that the colon /psyche wasn't sufficiently relaxed etc. In writing into the client I expressed the hope that she would return for another session, so we could delve into this a little further. At the same time I equally respected her feeling and intuitions about continuance, since the client is the resident expert on their body. First and foremost, I wanted her to feel emotionally and physically up for giving colonics another go, (obviously with amendments and adjustments to the process/ implants / pre and post preparation.)

client's decision

The client decided not to continue so there was no opportunity to find out what was behind the short term reactions (they swiftly subsided). The client commented to me: "Thank you for your email and concern. I have been doing abdominal lifts and other yoga exercises to help with the bloating. I feel better now, but the experience was a bit alarming and it has made me wary of further colonics. I have decided to detox with herbs and I feel this is the best solution for me." I have deliberately quoted the clients comments in full. The point is that not every one takes to colonics, although many do. Stats, of course, say nothing at all about individual experience!

invitation to review

I wrote to the client as follows: "I am putting in a small request for feedback. I would deeply appreciate it if you would be willing to take a few minutes to write a few words about your recent experience with colonics and with WLC. Recording client feedback is vital to a service

like ours. I realise, of course, that your experience wasn't a positive one. And that's why it's important to me to make sure that I have taken on board everything that can be learnt from this. With colonics, the general feedback that is received is so uniformly positive that there's a very real danger of colon hydro therapists taking this for granted, and discounting (and rationalising away) the very real instances of negative client experiences. I have seen this in the attitude of some of my fellow professionals, either wittingly or unwittingly. I don't want to fall into this trap. Rather it's an opportunity for me to broaden my own map of the terrain of colonics, and learn.

So my request for feedback falls into 2 parts.

Part 1.(a) Was there any part of my approach to the colonic itself ,starting from taking your health history to the administration of the colonic, that you feel I could have handled differently/ better, i.e. anything that left you feeling uncomfortable with me , either my manner, attitude, competence - anything at all?

(b) After you phoned me about your post colonic discomfort, equally, was there any thing that I should / could have done differently to help you, and support you? (Note, this does not imply any expectation that your decision to discontinue colonics could, or should, have been changed). Please feel free to be completely honest in your feedback- I am after all asking for it. I will not be hurt or offended, but rather, will value it.

Part 2. If you think it's appropriate to share the way I handled your colonics experience with a wider audience, there is a facility on our WLCs (Wahanda) business page for clients of WLC to leave their feedback. I tend to ask all my clients to write a review. Not all do of course. But it would be wrong of me not to ask folk who have less than positive experiences." In the event, the client did not provide any further, public , independently posted feedback which is why I have created this article.

11. Case Study Multiple Sclerosis (MS) with worsening constipation

Here is a case study, slightly edited for readability by general audience. [The original case study was written for a professional audience by my trainer & mentor, Master Colon hydrotherapist, Roger Groos.]

The female client age 50, presented with long standing multiple sclerosis (11 years), progressively worsening constipation (1 bowel movement per

1-16 days), taking pain medication, and also strong laxatives (senna and lactulose) daily.

Her first treatment resulted in partial evacuation of impacted faeces, large gas pocket released. Recommendations: Chew food more thoroughly.

Her second treatment (2 weeks later). Client reported some colic for 2 days after first treatment, but bowels moving 2-3 times weekly. Feeling "more human". Abdomen more relaxed, stool softer. In the treatment itself, there was complete evacuation to ascending colon.

The third treatment (2 weeks later): Client reported her social life was due to improved wellbeing, however increased business led to less water being drunk, so client presented with signs of dehydrated colon, bowel function poor. The ascending colon full, much gross flatus present, mucus present. However the treatment was satisfactory. Complete evacuation with caecal flush. Recommendation given to drink more water.

This client went on to be a regular with a total of 51 treatments over a 5-year period. She showed classic hypotonic (slow moving) bowel symptoms with hard impacted stool and poor regularity.

The objective with a chronic degenerative disease such as MS is to provide maximum symptom relief and improved quality of life. Improvement in diet and hydration was also emphasised. These therapeutic outcomes were successfully navigated in the course of her treatments.

12. Case study recounted by Sharda Sharma , MD

Dr Sharma, primary care physician (for almost 40 years) offers multi-disciplinary health care to her patients, including colon hydrotherapy). She treats the body as a whole (holistically). She supervises colon hydro therapists to care for her clients' constipation, abdominal cramps, allergies, and a variety of other conditions, including many patients with hepatitis C. According to Dr. Sharma her hepatitis patients respond to colonic irrigation and do well.

Case 1: She offers the example of Mrs. Felicia, a forty-two-year-old high school teacher who had suffered with constipation (no bowel movements for 6 days at a stretch). She was bloated, fatigued, lethargic, headachy, and crampy. The treatment protocol was enzyme supplements and colonic hydrotherapy twice weekly for thirteen weeks. These treatments solved the constipation problem. The client reported she goes to the toilet without having to sit there for long periods waiting....for BMs to occur.

Case2: Dr Sharma also reports colon hydrotherapy is excellent as a treatment for the yeast overgrowth issues. She reports the case of a very anxious fifty-year-old female, Mrs. Audrey, who was going to the toilet every two hours with alternating diarrhea and constipation. She had IBS (irritable bowel syndrome) Plus Candida. The telltale signs of the candida were very evident in the colonic treatment. (White yeast organisms floating through the transparent tube of the colon machine). Good results reported from treatment, with the client in fine shape- much relieved. She has good bowel movements twice daily with no gas. According to Dr Sharma, this is typical of almost all patients having colon hydrotherapy treatments.

Please note that this case study is anecdotal in nature, and is a second party report (taken at face value and in good faith). No claims are made as to medical or clinical efficacy. Readers are asked to exercise their own judgement.

13. Is there a placebo effect involved in Colon hydro therapy (CHT)

Colon hydro therapists know that CHT works, that there are real mechanisms of efficacy at work. Client feedback, by and large, demonstrates this. But: Is there also a placebo effect involved in Colon hydro therapy? (CHT)

Yes there is. Just as there is in all effective healing interactions –to some degree or another.

Without doubt, people respond better to physical medical placebos than those in pill form. For instance, sham acupuncture delivers better pain relief than fake Tylenol. When a client commits to a physical therapy with a health practitioner, they increase helpful internal self-talk that leads to placebo effects. In the real world both practitioners & clients of colon hydro therapy (CHT) routinely have (subjective) evidence of the efficacy of CHT. CHT, just like acupuncture or massage, has a ritualistic aspect. The ritual creates the person's state, and the state is what helps creates the impact.

I spend time and effort changing the state of the people who I hope to help. How? I show I care. I provide relevant information. I open up a relationship with the client, on the phone & by e-mail ahead of the first treatment. I convey my confidence that the treatment will be of help. I convey my competence to support them in their objectives. When it comes to the treatment itself: taking the consultation, preparing the client for treatment clearly has a therapeutic dimension to it. I introduce empathy & caring to that dynamic. So too with after- care

instructions.

All these factors have some degree of placebo impact, intermingled with proven, replicable therapeutic agents. After all, just how do you measure the extent of a therapist's caring. How do you measure the efficacy of a semi-meditative state that both the practitioner & client enter? The state, by definition is ephemeral and generally (in real world scenarios) is not measured. It operates as a placebo-like mechanism.

I am not ashamed to say that by this definition of Placebo I am a committed user of it! It is a sovereign antidote for fear. After all, Fear (explicit or implicit) is a driving force in just about everything we do. At the start of any commitment, we operate from a place of faith. However much information we have, however prepared we think we are, the first step is into unknown terrain. Placebo factors (such as the ones I have outlined above) gives us permission to believe in a helpful direction. It gives us needed courage to overcome our fear of change, it opens up the possibility to imagine a future where things are better. Placebos trigger self healing mechanisms at multiple levels of body, mind & spirit. Now tell me, frankly, what's so wrong about Placebo effect? What's not to like?

14. Case study: What can empathy do... a situation with a client challenged by cancer

To clarify, this case study doesn't outline the shape of a therapeutic intervention with colonics in the treatment of cancer. Firstly, and firmly, I am not equipped to offer such support as a primary modality, and the client has had only one colonic treatment with WLC. Rather I am writing this as a reflective piece about health & well-being, and how even when we cannot offer tangible help we can always attempt to "be there" for another.

The client, Shaila (not her real name), in her mid-40's, came to see me on referral by another longstanding client. She hadn't had a colonic treatment before, and had a productive first session. My post-colonic advice to her included the following: • To consider the additional detox burden her body would encounter as it dealt with the cancer. I suggested that liver detox effect would be hampered so long as her hydration (water consumption) level remained low. I recommended she adopt a systematic plan to increase how much she drank day -by -day.

• Since she was at this point interested in liver flushes, I pointed her to some articles on the subject and also to Andreas Moritz's book. I noted that this represented a holistic approach, and especially in her situation she should ensure that she was well informed on the subject,

incorporating the considered views of her medical professionals. • I suggested she consider simple steps to reduce the acidity of her body including drinking water with fresh squeezed lemon juice first thing in the morning, helpful to drink to reduce acidity of body • Take Liver support supplements (something like milk thistle)- lots of research to show it helps liver functioning. • More veg (especially green leafy) less meat, especially reduce/ cut out red meat • I suggested she consider having a follow up colonic in 2 weeks time and put off the liver flush until later. It's a very strong process requiring a strong constitution (Cleansing is tough work on a system!) For this upcoming colonic implant I suggested Flaxseed , as it would help local hydration of the colon, plus the client could try out another hydrating drink, (i.e. flaxseed tea -I would provide instructions how to make + give her a batch that would be sufficient to drink for 3 days) • I very much encouraged her to take up all the medical tests that are given; as it will give her information on how her body is doing.

I remained available for Shaila to keep in touch to bounce her thoughts off me. And I offered her a point of view (non controversial) about general nutrition. For instance given the bad press about fruit juices. I suggested she might prefer to have apple cider vinegar, instead of apple juice. ACV unpasteurised, raw bought from health food shop- see what Andreas Moritz has to say about it. (Note: I am not a nutritionist, so I asked her to check out what she proposed to do with a qualified Nutritionist.)

I wrote to her: "Please make sure that when and if you do the Liver flush, you don't also have too many day -to day things to do. Get the support of knowledgeable friends when you are doing it. Make especially sure you are paying attention to all the suggestions & cautions that Andreas gives. Be very moderate in what you ask your body to do - Healing itself takes Energy. Pace yourself". In the event, the client did not adopt colonics as a viable part of her health strategy. Nor, as far as I know, did she embark upon the liver flush. I had emphasized to her, that holistic approaches should be considered adjunct strategies , and they were not soft options so far as commitment & compliance were concerned.

So what's her current score?

She wrote to me recently reporting that her health was deteriorating, and she was on chemotherapy with attendant complications and several admissions to hospital. Even at this time, she had her attention outside of herself, commenting:" Please you did very well with me give me time if I recover one day I will do what you want me to do ..."

I wrote to her: "Do please conserve your energy, and focus it on your

own healing. Don't waste it on anything outside of yourself. Keep your nutrition good quality. If you think I can help you in any way, please ask. As I said, i will have you in my thoughts." So that's how it stands. A rather inconclusive case study. With no points really pertinent to colonic treatments. And yet it felt important to me to write it up; its messy like life, there's no final chapter as in life, except for the one we ourselves choose to write. And even when there is a final chapter, there always remains the possibility of a post-script.

We can always choose to be the cheerleader for another.

15. Medical doctors use of colonics (dysbiosis & liver detoxification)

Extract from a report by James P. Carter, (MD, DrPH) Dr. Carter is Professor and Head of the Nutrition Section at Tulane University School of Medicine.

Approach to Dysbiosis : "After conducting a comprehensive digestive stool analysis on any patient suspected of having dysbiosis (poor intestinal hygiene), I attempt to wipe the bowel clean by prescribing colonic irrigation once a week (for 3 weeks)" **Colonics & liver detoxification:** "Also I use colonic irrigation as part of an overall detoxification program, and it may be combined with treatment of drinking epsom salts, however the two are not done on the same day. The rationale? "It promotes the second stage of liver detoxification to cause dissolved poisons to come out in the bile as a solvent. According to Dr Carter "colonic irrigation is an excellent detoxifier for the overindulgence of alcohol drinking and drug addictions of all kinds. Residues of drugs and other agents in the tissues are eliminated with colonic irrigation," "It takes away any desire to use drugs or imbibe in alcoholic beverages. colonic irrigation should be part of nearly any addict's therapeutic regimen."

Note: This is a report from the web. It has been taken at face value without direct verification with Dr. Carter. Although ostensibly posted by a medic, it is not a clinical study, and has not been peer reviewed. It is shared from a holistic, informational perspective and is not be taken as a recommendation or prescription. Readers must exercise their own judgement and discrimination.

16. Case Study Severe constipation... etc

All colon hydro therapists have their stories of folk who have turned around their digestive & eliminative health with the support of colonics.

Of course case studies are anecdotal in nature, and not undertaken in controlled conditions. What works for one person may not work in quite the same way for another person. That said, holistic health measures do have a good track record of helping those who are willing to make the needed lifestyle changes.

Here's an example from the case file of a fellow colon hydrotherapist....

She treated a man in his early 60's with a course of colon hydrotherapy treatment (as well as giving nutritional & lifestyle coaching and support). The client was somewhat overweight, had severe constipation, abdominal distension, a deformed colon. The organic damage to the colon had given rise to strong holding spasms and strictures. His medics had told him he was at serious risk of developing colitis. Indeed, he was scheduled to see a specialist to set his date for an operation.

When he turned up for his appointment, after his course of colonic treatments, to everyone's surprise & delight, the specialist could not find the problem and sent him home, saying : "I am not sure what you have been doing, but whatever it is, keep it up, it's working! See you in 6 months for a review."

17. A case utilising the power of Affirmations

Affirmations are short positive statements one repeats to oneself should there be negative or unhelpful thoughts currently occupying too much ground in the mind.

My client Camilla (not real name) reported the following in her initial health questionnaire (the text in blue below); I suggested she might wish to consider Turnaround statements as Affirmations (text in black below)

Current state & turnaround of statements into Affirmations

"I constantly have a bloated stomach and have done for as long as I can remember."

Affirmation: I easily & comfortably have a flat stomach

"My stomach has always been 'thick'."

Affirmation: The tone of my stomach is relaxed & firm; everything in its right place

" I am often lethargic and lack energy, even though my diet is healthy

for the most part and my overall health good.”

Affirmation: My body assimilates & appreciates the healthy diet I give it, and my energy levels are high

“ I feel my stomach is blocked and tight – when I have had massages I am told it has lots of knots in it. “

Affirmation: I am able to unwind fully

“ I feel my digestive system isn't 'flowing' – my stools are rarely soft : usually hard pebbles and often 'sit' inside me rather than coming through.

I think that a traumatic childhood and a particularly traumatic death in the family when I was 16 followed by my parents illnesses throughout my 20s and 30s has left my stomach very depleted and in need of healing – as if my stomach has taken the blows.”

Affirmation: I let go of all unhelpful emotions, so as to process life experience without judgement & fear

“Frequently have bags under eyes”

Affirmation: Sparkling eyes, full of vim & vigour

I feel vibrant and energetic, my digestive system fluid & flowing and my stomach is flat & relaxed.

I am Vibrant & vitally alive, optimally balanced health & wellbeing.

Affirmations are not a quick fix, but they do work. Repetition is a proven principle for learning things cognitively, and Positive thinkers (check out Louise Hay) believe, experientially too.

Recommended reading

Louise hay “ *you can heal your life*”

<http://realrawfood.com/sites/default/files/book/You%20Can%20Heal%20your%20Life%20-%20Louise%20L.%20Hay.pdf>