

Colonics and the Liver flush

"... If you cannot clean out the colon, I recommend you don't do the liver flush. That is how important it is to cleanse the colon before and after each liver flush". - Andreas Moritz

The rationale for having colonics before/after each liver flush.

- If there is any constriction (stricture or congestion) in the colon, the gallbladder doesn't open readily, in fact it may not open at all during the liver flush. When there is a blockage or lack of movement in the colon, the same holds true for the bile ducts in the liver.
- If the colon is backed up, the reflex points along the walls of the colon (linking to the liver and gallbladder) basically signal:
"Not ready for action: hold off bile secretion, until the backlog is cleared".
- So when the bile is not there, not available, typically the appetite is suppressed. In the week-long version of the liver flush, 6 days are given over to two key purposes:
 - preparing the liver to secrete copious amounts of bile
 - and, to soften stones in the gallbladder.
- But if the colon is impacted at day 6 (before ingestion of olive oil, grapefruit juice) it wouldn't be advisable to drink the olive oil/grapefruit juice mixture without having a *pre flush* colonic (or at the very least an enema) because the flush is not going to be very successful.
- Lets play out a scenario. Lets say you do the flush anyway, without the pre flush colonic, what may happen is:
 - First of all you may have stones getting caught in different parts of the large intestine/ colon where they gradually disintegrate
 - There is some controversy about the constituent 'make-up' of the stones. I don't want to get into that. What is not disputed is that, visually, most 'stones' that are excreted are not calcified (ie hard) but they are non-calcified (soft, putty-like, waxy, oily, fatty).

The logic of liver flush proponents (not accepted by all) is that because most of the stones are made of fats that clog up the bile ducts in the liver when they are expelled into the colon they need to be pushed out the system via BMs quickly. They would release a large amount of toxins if they were to remain in the colon and disintegrate there. These toxins will end up going into the blood (toxifying blood itself, and everywhere blood goes, ie pretty much everywhere. When the recirculated blood goes into the liver, it basically gets a case of *déjà vu* (history repeating itself!) with unpleasant side effects arising from not cleaning out the colon.

Andreas Moritz says: "*Even if you only have 5 or 10 stones remaining in the colon after having done a liver and gallbladder flush make sure that within 2 or 3 days (of the flush) you have a colon cleanse*"

He notes that an oral cleanse (e.g. Epsom salts or magnesium oxide) is not the right tool for the job. It needs to be water-based flushing of the system by means of a colonic or enemas.

Moral: Have *a colonic pre-liver flush* (on day 6) and have a *colonic post-flush* (not more than 3 days after the flush day.) Both are important, but if you miss the *pre-flush colonic*, definitely make sure you have the *post- flush colonic*.