

## Q&A with Julia: Colonics & Safety

### Q: Can you comment on some of the material on the web that seems a little anti-colonics?

**A:** Actually there is relatively little negative posted about colonics. What little there is appears to be a regurgitation of the 2011 Georgetown Report, so I am going to broaden the scope of this question, and use it to briefly address (head-on) the perspective of debunkers of colonics, who often cite (and misrepresent) the 2011 study carried out by Ranit Mishori.

Dr Mishori (of Georgetown University) published a meta study (ie a an analysis of preceding research studies) on colon cleanses, including colon hydrotherapy. The news release from the university refers to studies on colon cleanses but does not draw a distinction between colonic hydrotherapy and herbal laxatives (or other bowel cleansing products).

My point of view is that the news release is a parody of the actual paper, seemingly written for alarmist effect, in the worst traditions of junk journalism. I comment on points made in the news release rather than the actual report. (It's unlikely that most readers will ever read the original study, but they may well come across reiterations of the news release 'soundbites') For instance, it asserts that colon cleanses are dangerous and cause kidney failure. The facts? Kidney failure might occur with excessive use of herbal laxatives (not something I recommend any way). In contrast, colonic hydrotherapy, when carried out by a trained colon hydrotherapy therapist is an extremely safe practice. The case history, which every colon therapist will take before the first treatment, screens out people with contra indications to treatment. (Kidney failure in a healthy body due to colonics is physiologically impossible; the amount of water that enters the bowel at any one time is well below the natural capacity of the bowel).

As for safety in general, the colon hydrotherapy body (ARCH) to which I belong, estimates that its members carry out more than 200,000 colonic hydrotherapy treatments every year, many on people who have some diagnosed bowel dysfunction. They conclude that colonic hydrotherapy is a relatively benign treatment. Pain is less common than with the administration of laxatives and purgatives, and the risk of complications is reassuringly rare. For instance, there has only ever been one report of colonic perforation ever reported by ARCH members (and that occurred in somebody with undisclosed diverticulitis, ie if they had disclosed it, they would not have been treated).

The fear that colonic hydro therapists are conducting invasive procedures without a medical or nursing training may concern some in the medical profession, but the reality is that many colonic hydrotherapists are nurses and the training and practice conducted by ARCH are independently regulated by The Complementary and Natural Healthcare Council, <http://www.cnhc.org>. Colon hydro therapists trained by ARCH also must satisfy prerequisites (See note 1).

So colon hydrotherapy is statistically speaking very safe. How safe? Ironically, much safer than medical intervention! (See note 2) From my own colonic hydrotherapy

training, I fully acknowledge it is not a medical training, and I do not profess to have such a background. Nor does colon hydrotherapy pretend to be a medical intervention. Rather my training equipped me superbly to understand the relationship between the ENS (enteric nervous system) and simple- but big - ideas like hydration, foods and non-foods, lifestyle factors, stress, emotions. Yes, the medics have greater knowledge, but seem ill equipped to make it available to their patients (too little time etc.) In my experience, their immediate recommendations to patients will tend to be drug-based any way. That's the quick fix approach that patients have become used to – they want immediate results! And understandably doctors want to deliver it to them.

I see part of my role as educating my clients to take ownership of their health and wellbeing. I know from my direct experience that clients deeply appreciate the dietary and life style advice I provide as a colon hydro therapist. It sets the colonic treatment itself in its proper context and role, as a support to dietary and lifestyle changes, not as an alternative.

I would not argue at all with the generalized recommendations which Dr Mishori makes: balanced diet, regular exercise, 6-8 hours sleep, regular medical check-ups, and the like. The devil is the details though. It's clearly not enough to give general guidelines, else why is it that constipation is so wide spread in the western world? Surely diet, modern lifestyle and stress have contributed to its expansion. The debunkers of colon hydrotherapy and of detox cleanses are fond of quoting the theory that the body is well capable of eliminating toxins on its own. All I can say is that's good in theory, but in a world bedeviled by potential sources of toxicity for the human system, that's all it is – a theory.

Let's be pragmatic. Did you know that the spend on over –the- counter (OTC) laxatives and conversely, anti-diarrhoea drugs in the United States was \$725 billion in 2011?

This is hardly a glowing testament that people experience their body as the lean, mean self-cleansing mechanism it ought to be!

It would be great if colon hydrotherapy could be available within the health system – it used to be, but got factored out. Too time consuming, and expensive to provide. That's why the profession of colon hydro therapists came about – to fill a need.

So should only medics deliver colon hydrotherapy (which Dr Mishori seems to imply)?

Well, helping people restore colon functionality requires attentive and individual work and cannot be (economically) delivered in the context of standard (NHS) medical consultation. If private sector doctors were to offer the service, the prices would go up sharply putting it well out of the reach of many.

Thankfully I think that the profession of colon hydrotherapy is here to stay. And lots of users of the approach will be relieved that this is so.

Note 1. “Applicants (for ARCH membership) should be a fully qualified Doctor of Medicine or Registered General Nurse or should have taken a course of at least two years full-time or three years part-time duration in a substantial body-based therapy, including in-depth anatomy and physiology, which should have been

successfully completed, a verifiable pass certificate held, and this therapy should have been practiced for at least two years". <http://www.colonic-association.org/about-us-how-to-become-an-arch-member>. I myself am a qualified physiotherapist.

Note 2: "Medical error is the third most frequent cause of death in Britain after cancer and heart disease, killing up to 40,000 people a year - about four times more than die from all other types of accident."  
<http://www.yourmedicaldetective.com/public/335.cfm>

### **Some more comments on Safety**

The quantity of water introduced is only to bowel tolerance (the client signals "I am full"); usually no more than a couple of litres at a time. Such a low quantity of fluid only presents a problem if there is a compromised bowel wall [as in diagnosed irritable bowel disease (IBD), bowel cancer] and medications/bowel pathology causing reduced bowel resistance. It goes without saying that anything that may have weakened the abdominal area significantly (e.g. abdominal hernia and abdominal surgery) should be healed before treatment. There are effects of colonics irrigation on the vagus and pelvic nerves and the possibility of water re-absorption. Caution is exercised with liver/kidney disease, pregnancy and hypertension. There is no absolute contraindication when the conditions are mild, however where indicated a physicians release is obtained before treatment. To my knowledge there are no verifiable cases of adverse reactions from colonic treatments administered by trained and competent therapists.

### **Still more amplificatory comments on safety.**

A first treatment with a colon hydrotherapist always includes a consultation. Treatments are not administered if its not appropriate. The well-trained CH therapist knows who can be safely treated, and where and how to proceed with caution.

Absolute contra-indications take into account known physiological aspects in relevant disease conditions. Here are some examples. Lets take for instance the possible risk of water intoxication. This is not an issue at all for most people given the parameters of CH treatment. However, people on dialysis /long-term diuretic use / renal insufficiency, uncontrolled hypertension or congestive heart disease are theoretically at risk. Why theoretically? Because at least 2 studies suggest the risks of water overload may be overstated. [Rondinelli RD, Avatar Bowel Program Clinical Study, <http://www.piemed.com>; and Richards DG et al, J Alter. Complement Med. 2006 May; 12 (4): 389-93].

In any event, the cautious view is taken that CH is not suitable for those who have these conditions, and they would not be treated, certainly not without a full specialist doctor's release. Similarly, the risk of colon trauma is kept low by not treating any active inflammatory bowel disease or colorectal carcinoma, severe haemorrhoids, fissures or fistulae. And to keep very much on the safe side, given the theoretical risk of miscarriage, no treatment is administered during pregnancy. Other safety and good practice related contra-indications include severe anaemia, long-term steroid use, active unresolved hernias recent surgery and treatment of minors without parental consent /doctors referral.