

MODERN NATUROPATHIC COLONIC HYDROTHERAPY

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The internal and external application of water as a means for healing has long been practised – references on the use of enemas in Egypt 1500 B.C.¹, South America and India have been found. Aramaic scriptures give a detailed account². It is likely many ancient civilisations developed the application of water independently, and it was a common traditional therapy. Formalisation of the therapeutic effects of water have been attributed to a 17th century English doctor, John Floyer³ who may have influenced continental pioneers in naturopathy such as Johann Hahn, Vincent Preissnitz and Kneipp, and latterly in the USA, Kellog. Naturopathic doctors Bernard Jensen^{4 5} and Norman Walker⁶ specialised in the use of Colonic irrigation for cleansing purposes. Enemas and even radical surgery were propounded by conventional surgeons such as Arbuthnot Lane in the early 1900's⁷

The similarities between the external and internal use of water are striking; the same temperature range is used, similar results are evidenced^{8 9} such as increased white blood cell counts and influence on muscle tonus. This is not surprising since, although counter-intuitive, the gastro-intestinal tract is an extension of the outside the body.

Colonic hydrotherapy, sometimes referred to as irrigation, is a development from the use of enemas, and is used nowadays not so much to remove bodily "endotoxins" according to the controversial autointoxication theory¹⁰, but more for functional bowel conditions such as constipation and irritable bowel syndrome, as well as conditions secondary to these. The use during structured fasting and cleansing regimes has also increased.

¹ Knox, J. Glen, Enemas and Colonics, Health Freedom News, Jan 1990:38-44

² Szekely, Edmond Bordeaux (trans.), The Essene Gospel of Peace, Book One, International Biogenic Society 1981, pp 15-16

³ Boyle, W., Saine, A., Lectures in Naturopathic Hydrotherapy, Eclectic Medical Publications, Oregon 1988.

⁴ Jensen, B., Tissue Cleansing Through Bowel Management, BJ Enterprises, USA, 1981

⁵ Jensen, B., Dr Jensen's Guide to Better Bowel Care, Avery, USA, 1999

⁶ Walker, N.W., Colon Health, Norwalk Press, Arizona, 1979.

⁷ Arbuthnot Lane, W., Some remarks on Chronic Intestinal Stasis, Lancet, 1918, Sept 28, pp 416-7

⁸ Saeki Y, Nagai N, Hishinuma M., Effects of footbathing on autonomic nerve and immune function., Complement Ther Clin Pract. 2007 Aug;13(3):158-65

⁹ Uchiyama-Tanaka Y., Colon irrigation causes lymphocyte movement from gut-associated lymphatic tissues to peripheral blood, Biomed Res. 2009 Oct;30(5):311-4

¹⁰ Kellog, John, Autointoxication or Intestinal Toxaemia, Modern Medical Publishing Co. 1922

Colonic treatment uses filtered water heated to between 27-40 deg C which is fed at low pressure per rectum into the bowel via a speculum inserted approx. 5-6cms. to keep the anal sphincter open; water and waste is discharged through the speculum and piped away; water has ideal properties for transferring or removing heat from tissue, and, like hydrotherapy, may be more correctly be described as thermotherapy. The water distends the bowel thereby stimulating mass peristalsis, and with careful application can modulate bowel muscle function, either relaxing a hypertonic or stimulating a hypotonic bowel.^{11 12 13 14}

A naturopathic Colonic hydrotherapist will apply massage during the treatment, may use herbal infusions per rectum, may implant probiotics if dysbiosis is evident and will always give dietary advice to reinforce treatment. All naturopathic colon hydrotherapists are, by definition, either medical doctors, nurses or therapists prior to training¹⁵ and apply the therapy according to naturopathic principles.

Modern CH has proven to be very safe as practised in the UK. Absolute contra-indications take into account the theoretical risks of water intoxication, so patients on dialysis or long term diuretic use and those with, renal insufficiency, uncontrolled hypertension or congestive heart disease are not treated, although a number of studies suggest the risks of water overload may be exaggerated^{16 17}; the risk of bowel trauma is minimised by not treating any active inflammatory bowel disease or colo-rectal carcinoma; for obvious reasons, severe haemorrhoids, fissures or fistulae are not treated, and due to the theoretical risk of miscarriage, no treatment is carried out until after 20 weeks of pregnancy, and if afterwards, with great care. Other absolute contra-indications include severe anaemia, minors without a GP referral, long-term steroid use, irreducible hernias and recent surgery.

Treatments are carried out in a sympathetic manner, with obvious due regard for patient modesty, comfort and warmth; great care is taken with hygiene – either using hospital standard sterilants or fully disposable kits; in the UK, closed gravity

¹¹ Briel JW, et al, Clinical value of Colonic irrigation in patients with continence disturbances, *Dis Colon Rectum*, 1997, Jul; 40(7):802-5

¹² Church JM, Warm Water irrigation for dealing with spasm during colonoscopy: simple, inexpensive and effective, *Gastrointest. Endosc.* 2002 Nov;56(5):672-4

¹³ Gardiner, A. et al, Rectal Irrigation for relief of functional bowel disorders, *Nurs. Stand.*, 2004,10-16;19(9):39-42

¹⁴ Koch SM et al., Prospective Study of colonic irrigation for the treatment of defaecation disorders. *Br. J. Surg.*, 2008 Oct;95(10):1273-9

¹⁵ ARCH standards <http://www.colonic-association.org/training.html>

¹⁶ Rondinelli RD, Avatar Bowel Program Clinical Study, Veterans Administration Medical Centre of Denver and the University of Colorado Medical Centre. www.piemed.com

¹⁷ Riuchards DG et al, Colonic irrigations: a review of the historical controversy and the potential for adverse effects, *J Altern. Complement Med.* 2006 May;12(4):389-93

systems are popular, although these are slowly giving way to closed pressure machines which give similar results, and are more therapist-friendly.

The overall effects of a Colonic hydrotherapy treatment or a course of treatments are easy to specify – patients feel better almost instantly, and those with primary bowel problems often report a lasting improvement in bowel function, especially when combined with dietary modification and better oral hydration. Patients with health problems secondary to poor bowel function, such as arthritis or skin problems, may take longer to improve and need more treatments. An interesting observation is that any condition which is exacerbated by increased intra-abdominal pressure, such as irritable bladder, endometriosis or even asthma is often improved by normalising bowel function.

The reasons for these effects are however difficult to tie down; pointers exist that treatment may effect such things as the neurology of the bowel (especially the mesenteric nerves), the neurotransmitters¹⁸, the production of short-chain fatty acids, circulating leucocytes⁹ muscle tonus or the bowel flora, but much more research needs to be performed to substantiate these. Other conjectured effects include an indirect effect upon the liver via the hepatic portal system and a reduction in colonic bacterial metabolites.

There have been several articles and papers critical of Colonic hydrotherapy^{19 20 21 22}, but these centre mainly on lack of evaluative research to prove efficacy, not on the mountain of clinical evidence.

¹⁸ Gershon, Michael D., *The Second Brain*, 1998, Harper Collins,

¹⁹ Barrett S., *Gastrointestinal Quackery: Colonics, Laxatives and More*,
www.quackwatch.org/01QuackeryRelatedTopics/gastro.html

²⁰ Chen TS, Chen Ps, Intestinal autointoxication: a medical leitmotif, *J Clin. Gastroenterol.* 1989 Aug;11(4):434-41

²¹ Ernst, E, Colonic irrigation and the theory of autointoxication: a triumph of ignorance over science, *J. Clin. Gastroenterol.* 1997 Jun;24(4):196-8

²² Ernst, E, Colonic irrigation: therapeutic claims by professional organisations, a review, *Int J Clin Pract*, March 2010, 64, 4, 429–431

Case histories

Case history 1

Female, age 50, multiple sclerosis sufferer for 11 years, progressively worsening constipation (1 bowel movement per 1—16 days), analgesic medication, senna and lactulose daily.

Initial observations: Palpably full transverse colon, flatus present, faecal rectal contents, reasonable sphincter tone.

Treatment 1: Partial evacuation of impacted faeces, large gas pocket released, water temp. 29.4-39.4 deg C, 100 litres.

Recommendations: Chew food more thoroughly.

Treatment 2 (2 weeks later): reported some colic for 2 days after first treatment, but bowels moving 2-3 times weekly. Feeling "more human".

Observations: Abdomen more relaxed, stool softer.

Treatment details: Complete evacuation to ascending colon, water temp. 36.7-38.9 deg C, 75 litres.

Treatment 3 (2 weeks later): Social scene improved due to improved wellbeing, busy, dehydrated, bowel function poor.

Observations: ascending colon full, much gross flatus present, mucus present.

Treatment details: Complete evacuation with caecal flush. water temp. 29.4-37.8 deg C, 75 litres. Recommendation to drink more water.

Comments: This patient went on to be a regular with a total of 51 treatments over a 5-year period. Exhibiting classic hypotonic bowel symptoms with hard impacted stool and poor regularity; with a chronic degenerative disease such as MS, symptom relief and improved quality of life are probably all that could be expected, together with improvement in diet and hydration. Cool treatment water indicated.

Case History 2

Female, age 38, long term hospital- diagnosed IBS sufferer, tried everything without improvement. Classic IBS-type C with small hard, pelleted stool, 1 bowel movement per 3 days, incomplete evacuation; used senna and glycerol suppositories. Associated facial spots with IBS.

Initial observations: Symmetrical abdomen, good musculature, lower bowel in spasm.

Treatment 1 details: water temp 37.8-39.00 deg C, 75 litres, extremely strong peristalsis, complete bowel evacuation with caecal flush.

Recommendations: anti-spasmodic herbs and psyllium seed prescribed. Stop taking irritant laxatives.

Treatment 2 (6 months later): Greatly improved regularity with daily bowel movements, skin and menses much improved. IBS-C symptoms returned after 5 months.

Comments: A typical hypertonic bowel needing only periodic treatment with warm water to relax bowel muscle spasm. In this case 6 treatments needed over a 3-year period, symptoms returning when stressed.

Case history 3:

Female aged 31, long-term constipation worsening since pregnancy 5 months previously, history of CA bowel in family. Taking flax seed, various supplements. Regularity once per 3-4 days, variable stool form.

Initial observations: retained rectal faeces, poor abdominal musculature.

Treatment 1 details: water temp. 26.7-36.7 deg C, 100 litres. Variable peristalsis, good evacuation eventually, water temperature varied to exercise bowel muscle.

Recommendations: More treatment needed, ask GP for routine colonoscopy.

Treatment 2 (2 weeks later): bowel movements much improved, skin better, feeling better and slimmer, less bloated, GP agreed to colonoscopy. Treatment similar to first, good results. Prescribed mild herbal aperient.

Treatment 3 (2 weeks later): Bowels now regular, taking aperient low dose for maintenance, feeling and looking much better and brighter. Peristalsis much improved, warmer water used.

Treatment 4 (3 months later): Bowel movements now regular, 1 daily, running and teaching fitness classes again. Colonoscopy clear, recall in 5 years.

Treatment normal with water at body temperature.

Comments: Mild hypotonic constipation often responds to differing water temperatures to exercise the bowel smooth muscle; coupled with better hydration, a mild low-dose aperient and ability to increase exercise, normal bowel function was attained. With a family history of CA bowel, this patient was relieved to have regular colonoscopies booked.

Roger Groos originally studied biology, then re-trained in Holistic Medicine and has practised Colon Hydrotherapy for over 20 years. Working naturopathically, he combines dietary therapy, colonics, the use of herbs, reflexology and lymphatic drainage to treat a broad range of health problems.

The high standards applying to naturopathic Colonic hydrotherapy in the UK have been developed since 1987 by the lead UK association, ARCH, and cover ethics, hygiene, safety, education, practice and continued professional development. ARCH is a member of the General Naturopathic Council and is in the process of registering for independent regulation by the Complementary & Natural Health Council.

Postgraduate Colon Hydrotherapy course

Roger Groos, together with Dr. Milo Siewert (Founder and Honorary President of

the Association and Register of Colon Hydrotherapists ARCH), lecture at postgraduate courses in Colon Hydrotherapy held at The College of Naturopathic Medicine. Qualified practitioners with clinical experience can undertake an intensive two-module 9-day course at CNM which will enable them to register, obtain insurance and practice as a Colon Hydrotherapist on successful completion. For details about this or other CNM postgraduate courses which include Ear Acupuncture, Iridology, Chinese Nutrition and Ayurveda, please contact Jorge at CNM on 01342 410505 or email postgrad@naturopathy-uk.com