Colon Hydrotherapy and Enemas

by J. Glenn Knox, D.C.

Colonic irrigations and enemas are among the oldest health care practices. The implements of giving enemas and records of their use are recorded in Egyptian artifacts over 4,000 years old. It is clear that Galen and Hypocrates both used and taught enemas as a part of their health care systems, and they continue to be used today. Enemas have been used successfully to treat constipation, diarrhea, dysentery, painful menstruation, depression, toxicity, colitis, diverticulitis, common migraine, tension headaches, acne, allergies, fevers, to stimulate the immune system in infectious disease, as preparation for childbirth, and for religious rites. But they continue to be used against orthodox medical opposition.

It is interesting to explore how such an ancient and simple remedy falls out of favor. You would think that enemas were of the class of blood letting, and would assume they had been found to be either dangerous or ineffective in treating disease to replaced by more modern, safer treatments. It is surprising to learn as you explore medical literature that little or no sound scientific criticism of the treatment has ever been made. There have been legitimate criticisms of techniques and lack of minimal sanitation in the giving of colon hydrotherapy and enemas, but there has been no published scientific literature criticizing the purpose nor effectiveness of treatment, with the exception of a recent article in the *Journal of Joint and Manipulative Therapy.*

In this article there is a rather lengthy criticism of colon hydrotherapy and enemas being used to remove all the bacteria from the lower GI tract. They ignore the fact that most if not all colon therapy is directed at restoring normal colon function and to promote the growth of normal GI flora. It seems that what little criticism there is does not attempt to examine the physiology, anatomy, microbiology, or pathology of the body in relation to effects of colon hydrotherapy and enemas.

To see why colon hydrotherapy is now under fire in this country, and to see why the administration of enemas by the medical profession is at a low point, one must dig a little deeper. As I stated, there is little or no justification for the reduction of recommending enemas and colon hydrotherapy in the last 60 years of scientific literature, but in that time there has been a large change in the way medicine is practiced. Beginning about 1910 there was a shift in medicine. First there was accreditation, reducing the number of schools with the attendant increase in social and financial position of physicians.

Prior to the middle 1800?s almost all healers were midwives and lay nurses who worked in the fields by day and treated their neighbors as a sideline. They used the enema rather extensively, and effectively, along with herbs, manipulation and other tools they had. But modern science grew rapidly during this time, reaching levels which required technical education to apply the new treatments.

While the midwife became the nurse, the lay scientist became the doctor, and while it was not unseemly for one's mother or nurse to apply enemas, it was most unseemly to more and more doctors. The enema and colonic instruments were in most hospitals, manned by the lower ranking nursing staff. Through the 1920's and 1930's the colonic and enema were ever-present in most hospital stays. If you didn't have a movement on day one, you had a good enema on day two. Colonic machines were kept busy, and a

good portion of a nurses day was spent tending the bowels of her patients. But, then it changed.

First there were better procedures, antibiotics, sterile techniques, and the chances of dying from infectious diseases dropped. The nature of health care changed. We entered the pill and scalpel era. I am here to write this because I survived pneumonia as a child thanks to penicillin, as did millions of others. Physicians could sit at the desk and write a note and the patient would get well. Great stuff, no more need for time-consuming treatments, including colon hydrotherapy and enemas. A pill can cure pneumonia, why can't a pill cure everything?

Here we come to one of the major reasons colon hydrotherapy in particular was abandoned. Colon hydrotherapy is a treatment requiring a skilled operator, not necessarily educated, but skilled. As well as knowledge on the part of the nurse/hygienist, it requires empathy and a sense of what he or she is doing, a tuning in to the patients and their emotions in order to help them relax and make the treatment successful. One cannot come in a white suit and tie and say I am now going to give you a good colonic. It is a technique, such as painting, psychology or any other art.
So the colon hygienist had to be a good nurse. You had to use a person with patient skills for about one hour per patient. This is expensive. For a modern hospital to give colon hydrotherapy they would have to bill at least $500 per treatment. Pill giving for a nurse may take a few seconds, a much more profitable use of time in the economics of medicine. The same is true for the enema, but to a much lesser degree. Even the most unskilled aide can stand behind a patient and pour in a quart or two and call it an enema, but it still takes time, is potentially very messy, and if it can be avoided saves time and money.

Add to this the increasing stature and pay of nurses. The nurse is no longer the lowest paid job in society. The picture of the nurse is no longer with an enema bag in one hand and an overflowing bedpan in the other. It is a profession requiring more education than physicians had 40 years ago, and it is demeaning for them to have to give enemas, much less spend an hour giving a colonic. So the economic tide turned away from these simple physiologic procedures in order to make better use of skilled expensive personnel, more in line with their social ranking.

About Constipation
Between 1930 and 1980 the medical profession completely abandoned colon hydrotherapy and severely reduced the use of enemas in medical practice, not because they had proven ineffective or unsafe, but purely due to social and economic reasons. These are the same reasons that manipulation and other natural therapies have disappeared from medicine over the centuries. Until the 1950?s in almost every city a chiropractic clinic could be found which did colon hydrotherapy. Now there are only a few, as our time is worth more and our status is higher. In Florida colon hydrotherapy may he given by massage therapists if they were trained and take that as part of their state license.

This doesn't explain all of it though. If it were just social position of the physician, chiropractor, nurse, therapist, or aide, some other lowly ranking individual would have been recruited to do the necessary work. There are two more sides to the coin - psychology and commerce. The latter is easy to explain - simply put, nobody will work on a project unless there is money in it. All western research must make money for

those that support it. If you get rid of a disease or have a treatment by some simple low-cost treatment that disease must have penetrated the upper crust of our society with enough terror to overcome the innate profit motive.

If on the other hand you can develop a cure that cost tens of thousands of dollars for any disease, you will be welcomed as a great scientist. This is the stigma that has forever darkened the skies of chiropractic research. If you prove that an adjustment can cure an illness, that may help patients. It may help the patient flow to chiropractic offices. But it does nothing for the economic machine, except perhaps remove some of the clients who were previously using their products. To be accepted, a cure must be economically rewarding. There has been no research on enemas or colon hydrotherapy of any stature because there is no money in it. They use water, a hygienist, and time. There is no real money to be made in this therapy. They may help people but they are too time consuming to he used by a nurse or doctor who may he making $20 to $100 an hour.

The psychology of colon hydrotherapy and enemas is similar, and is I believe at the root of the venomous opposition colon hygienists and purveyors of enemas often meet. In our practice we never sell colon hydrotherapy. We offer it. I practice a general spinal adjusting type of chiropractic with a colon therapy instrument and hygienist well hidden in the rear of the office. If I feel a patient may benefit from a colonic or enema, I will mention it and explain what I feel is the physiologic or anatomical basis of the treatment, and how it applies to them. There are those that on the slightest suggestion will rush headlong for the treatment room and those who will rush headlong for the door never to be seen again! It has appeared to me over the years that most patients seem to be clearly one or the other of these types. Very few people are neutral on the issue of their bowels.

Freudian psychology spends a lot of time dealing with bowel hang-ups. Everyone reading these words has been programmed by society. The most fundamental programming is that of toilet-training. In modern society it is absolutely necessary that each of us control our bowels. There is no greater faux pas than to soil ones pants. At a very young age we are all toilet trained, and that training is probably more basic than any other function.

Here is where the rub comes. There are two basic ways to toilet train. One is teach the child that their poo poo is icky, bad, awful and foul smelling, and that they are bad for letting it out, (negative feedback). By teaching the child that the bowels and their products are bad, this kind of child grows up to be very private about their bowel movements, and will not usually seek out or accept an enema or colon hydrotherapy if offered. At best they may administer one to themselves if absolutely necessary. If a child is abused because of soiling themselves, their inhibitions about their bowels may likely to be greater than their inhibitions against violence. With a person that was negatively toilet trained it is best to leave the subject untouched.

Since I have never met anyone that has their method of toilet training tattooed on their forehead, as a doctor, I mention appropriate therapy and drop the subject. If the patient pursues it further I give them more information or encouragement. When you find a person that is violently anti-enema or colon hydrotherapy you have found an anal retentive that was negatively toilet trained. The other side of the coin is the person that is positively toilet-trained. You are a good boy or girl for going in the potty. Mama is so pleased with you. Yes, it is icky, but you did it where you were supposed to, and the

child grows up with a positive feeling about their bowels. The mental blocks they develop are much less of a conflict than the negatively trained child.

As you see, the negatively trained child lives with a conflict between what their body tells them, that going to the bathroom feels good, and what their mommy tells them, that it is bad. This is what you call a no win situation. Positive toilet training is more consistent with reality. Bowel movements do feel good and we all feel better for having them. Yes, they are icky, but that is the way they were designed, so we would want to get rid of them. It is after all a waste product, toxic to us. When we are positively toilet trained we seek to eliminate for approval.

Of those people that do receive colon hydrotherapy, it is apparent that on average they are bright, usually more educated than the general population. A person that accepts the functions of the body, who can seek and receive care, is also a person that can get on with life in other ways. Each of us has some barriers and things to work through. Those who receive colon hydrotherapy in general have accepted and worked through the anal phase.

It is my opinion that the vast majority of people have not worked through the trauma of toilet training. As said earlier there are few taboos so great as those against the free exercise of the bowels, and that, along with economics, has been the reason for the current opposition we see to colon hydrotherapy.

It is no surprise to find that an area of the body so subject to psychological forces has important implications in health and religion. Health is a homeostatic relationship of balance. One critical balance is between assimilation and elimination. Like all systems, the elimination system is less than 100% efficient. Attention to providing extra bulk and roughage is vital to health. Washing of the colon is comparable to washing the skin, it has a profound positive effect on health. The quest for cleanliness or purity has accepted health benefits. Cleaning the skin, teeth and hair are basic necessities to participate in modern society.

Cleaning the digestive tract and internal body is vital to participation in some religious orders. In translations of some Arabic text in the Vatican and Hapsburg libraries in Vienna by Dr. Edmund Szekely, Christ required his disciples to fast for seven days and take daily enemas prior to joining his ministry; the diet of the church was lacto-vegetarian, and the taking of animal life was proscribed. Mohammed, Buddha, and many other originators of the great religions fasted prior to beginning their ministries. Some Jewish rituals require cleaning of the colon, as do Shite Muslim, Essene, Hindu and others. I feel that there is no coincidence between the positive health aspects of colon hydrotherapy and enemas and the use of them as a part of spiritual preparation. Health care and spiritual care are not mutually exclusive.

To know and understand the significance of colon health, and apply it with proper care, has been known to do no harm and it may be of great benefit.

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