

## **Colon Hydrotherapy (Colonics and Enemas)**

The colon, also known as the large intestine, is the end portion of the digestive tract. It is approximately 3 feet long in adults. Its major functions are to eliminate waste and conserve water. The bacteria living in the colon (85% good, 15% bad), synthesize valuable nutrients such as vitamin K and portions of the B complex. The function of the colon is fermentation of food with bacteria, excretion of poisons, storage of waste and re-absorption of water, minerals and some nutrients. European studies speculate that 80% of the immune tissues reside in the intestines. Feces is made up of bile, blood, bacteria, mucous, skin cells and food. The intestine, with its mucosal surface of more than 300 square meters, is the largest organ of our body. (In comparison, the skin has only a surface of 2 square meters.) Because of poor eating choices, environmental pollution, and medications, most people's colons contain impacted waste matter. The waste material that remains in the colon for some time (days or years), can cause several issues. First, this material is toxic. These poisons can enter the bloodstream making us feel ill, tired or weak. Second, impacted materials in the colon do not allow it to assimilate minerals and bacteria produced vitamins. Lastly, a buildup of material on the colon wall can cause sluggish bowel movements and constipation, as it inhibits the muscular action. This creates gases and toxins in the colon, which leads to weakness and reduced functioning of the immune system. But the colon rarely causes pain when it is sick because it does not have the necessary sensory nerve endings. For these reasons, it is important to pay attention to this vital organ before serious illness occurs.

Colonic irrigation, also known as a colonic or colon hydrotherapy, is the use of clean, temperature- and pressure-regulated water to flush out the lower intestines. This gentle flushing can aid in the elimination of toxin-containing waste in the colon, and relieve constipation by reestablishing regular bowel movements. Colon hydrotherapy effectively removes accumulated feces and rotted substances off the walls of the intestine. This natural cleansing process positively affects the symbiosis of the intestinal flora and aims at improving the overall health of the digestive system. According to Beverly Blass the President of the International Association for Colon Hydrotherapy (<http://www.i-act.org/>), "Colon hydrotherapy, is a safe, effective method of removing waste from the large intestine, without the use of drugs. By introducing filtered and temperature regulated water into the colon, the waste is softened and loosened, resulting in evacuation

through natural peristalsis. This process is repeated a few times during a session." Generally, the water used in colon hydrotherapy does not contain any drug, chemical or herb. However, the colon hydrotherapist may recommend instilling a probiotic culture into the rectum after the treatment. Some systems also allow for mixing the water with ozone to oxidize and sanitize the colon mucus membrane.

### **The Colonic Procedure**

In colonic irrigation (hydrotherapy) the patient lies on his or her back in a comfortable position while water at a pleasantly warm temperature passes from the colon machine into the lower bowel via a plastic tube. The therapist can control the pressure and temperature of the water entering the bowel, to increase the effect. The patient's stomach area is often massaged during the session, which also encourages the cleansing process and stimulates the lymph flow from the intestine walls. The entire process is painless and odorless. The procedure is generally repeated several times, and the average session lasts from 45 to 60 minutes.

### **Enemas**

An enema is a type of colonic irrigation which is self-administered by the patient at home after adequate training in the technique and which differs from commercialized colonic irrigation (hydrotherapy) only in the volume and length of time the water is left in situ. The purpose of a cleansing enema is to gently flush out the colon. It may be recommended prior to a colonoscopy or other medical examination. Constipation, fatigue, headaches, and backaches may be relieved by a cleansing enema. During a cleansing enema, a water-based solution with a small concentration of stool softener, baking soda, or apple cider vinegar is used to stimulate the movement of the large intestine. A cleansing enema should stimulate the bowels to quickly expel both the solution and any impacted fecal matter.

There are several common types of enemas which typically involve transanal insertion of a rectal catheter or cone to instill lukewarm water retrograde into the colon. This is achieved through various commercially available irrigation systems which have either hand controlled or mechanical pumps, in a volume ranging from 500 mL to 1000 mL depending on the patient's experience and tolerance. This is then drained naturally after a few minutes and can result in a satisfactory bowel movement. In comparison to colonics, enemas might use up to a quart of fluid to flush out only the rectum. Fluid is instilled only once, and the person usually holds it for a time and then expels the liquid and stool while sitting on the toilet.

## History of Enemas and Development of Colon Hydrotherapy

Enemas have a long, cross-cultural history. Some of the earliest records can be traced back to the ancient Egyptians; descriptions of various methods of preparing enemas are found in the Ebers Papyrus (which dates from the 14th century B.C.). In the 5th century B.C., Herodotus wrote: "The Egyptians clear themselves on three consecutive days, every month, seeking after health by emetics and enemas for they think that all disease comes to man from his food."

Enemas were not limited to the Egyptians. Information on the use of enemas was recorded on the cuneiform inscriptions on Babylonian and Assyrian tablets, as early as 600 B.C., and there are references recorded in Hindu medical texts such as the Susruta Smhita, the work of Susruta, the father of Hindu surgery. Susruta describes the use of "syringes and bougies as well as a rectal speculum."

The Greeks and Romans also contributed to the history of the enema. First, Hippocrates (4th and 5th century B.C.) recorded using enemas for fever therapy, and disorders of the body in his "on Regimen in Acute Disease." Then the Roman physician, Asclepiades of Bithynia (124 B.C.) who is credited with establishing medicine in Rome, preferred the enema over the use of laxatives. Asclepiades used the enema for intestinal worms and fevers. The next written report on the use of the enema comes from Celsus (30 A.D.), the author of *de Medicina*, one of the first medical books. Celsus wrote, "This remedy should not be too often repeated, nor should it be too hot or cold." The Greek physician Galen (2nd century A.D.) one of the most skilled physicians of his time, was also a proponent of the use of enemas. Unlike Aetius, a Greek physician of the 6th century, who recommended enemas of pure water, Galen recommended enemas of various types, including the use of oil and honey. Enemas were also used as treatment in ancient Africa. Inhabitants along the Ivory Coast administered enemas using a calabash filled with water, while other African tribes used a hollowed cow horn.

The use of the enema continued to grow and by the time of the famous English surgeon, John Ardene (1307-1390), the enema was used "extensively in England by women of that day." Ardene wrote a treatise on enemas entitled, "Treatise of Fistula-in-ano, Hemorrhoids and Clysters" wherein he renounced the use of complicated concoctions in enemas, since he believed those concoctions often left the patient more constipated than before. Ardene recommended that each person, constipated or not, should be purged three to four times a year to maintain good health. From the 11th to the 15th century, the early enema syringe was still relatively unknown, and not available to the masses. The preferred and most readily available apparatus remained a tube made of bone, reed or metal connected to a sleeve or animal bladder called the "clyster purse". The bag was emptied by squeezing it between the two hands.

In 1480, Louis XI suffered an attack of apoplexy which was relieved by an enema, tendered under the direction of his physician, Angelo Catho. "The king became such an ardent advocate of clysters, that he even had his pet dogs clysterized when he thought they required it." One of the first pieces of recorded equipment is the clyster apparatus developed by Fabricus Hildanus. In addition to the common bladder concept, he employed stopcocks to control the fluid in the bladder or purse with the additional benefit of allowing the addition of more fluid during the procedure. The next recorded innovation came from Ambroise Pare (1510-1590). His apparatus also had a rigid tube, but this device was designed for self-administration. The 17th century became known as the "age of the enema". It was the fashion in Parisian society to enjoy as many as three or four enemas a day, the popular belief being that an internal washing or "lavement" was essential to well-being. It was this acceptance by the public that took the enema or clyster from the hands of an apothecary and put it into the hands of the public. By this time, the clyster syringes came in several styles. They were made of copper or porcelain, and the wealthy had syringes made of mother of pearl and silver. It was considered good form to own several syringes and some aristocrats, it is said, owned large collections.

Despite the surge in popularity, the real growth of the enema or clyster did not come until the apparatus could be self-operated. Even though there were attempts to allow self-operation, as in the device designed by Pare, in most cases an attendant was required. Regnier de Graaf, who is credited with the first description of the Graafian follicle, was unhappy with the clysters available at the time, because they often required both hands to operate the syringe or to squeeze the clyster bag. In an effort to find a resolution to this perceived problem, he set about to design his own equipment. De Graaf described the proper method to use the clyster syringe in his treatise *De Clysteribus* published in 1668. In this manuscript he classifies clysters as "purgative, astringent, anodyne, emollient, deterrent, and diversant," and mentions nutrient enemas of wine, milk and yolks of eggs. The clyster reached the height of fashion in the early years of the reign of Louis XIV (1638-1715) who, it is reported, had over 2,000 enemas. The King sometimes even received court functionaries and visitors during the procedure. By the middle of the 18th century, widespread clyster use had vanished, and the idea of developing complete apparatus systems began. Edward Jukes developed two types of enema apparatus units that might have been the precursors to today's colon hydrotherapy equipment. According to Friedenwald and Morrison, Jukes first developed a form of gravity enema called the "flexible clysmaduct", which hang from a wall. The height from the floor was the determining factor in the pressure available (gravity). The second type of enema apparatus was a pressure-fed type of enema which de designated the improved "syringe". The pressure of this equipment was determined by how fast the syringe pump was "pumped". Even with the improvements to the enema

apparatus, there was still no consistent form of the enema. The issue of inconsistent standards was finally resolved by Vincent Priessnitz, who is the individual credited with developing the use of the enema and the clyster into a systematic form of therapy.

During the late 19th and early 20th century, the use of colon hydrotherapy, and enemas, slowly dwindled among the medical community (as laxatives and other drugs became easier to administer and more commercially available). The practice was rejuvenated with the practice of Dr. Kellogg. In addition to proper nutrition, Dr. Kellogg was a huge proponent of the enema in the treatment of many diseases. He reported in the 1917 *Journal of American Medicine*, "in all but twenty cases, he had used no surgery for the treatment of gastrointestinal disease in his patients." The interesting fact is that Dr. Kellogg had more than 40,000 cases of gastrointestinal disease.

In 1932, Dr. W. Kerr Russell wrote a book entitled "Colonic Irrigation." This was the first documented use of the term colonic irrigation and colonic lavage. Dr. Russell tracked the evolution of the apparatus for colonic lavage from the earlier syringes, clysters, and enemas to the colonic apparatus of his time. He describes the distinction, "the term irrigation describes more accurately than the words clyster or enema, the treatment which is administered with the modern apparatus. This methods lavage and thoroughly cleanse the walls, remove abnormal mucus, and empty the bowel. The tone of the colonic muscle is improved and the blood supply augmented." Tracking the evolution of colonic equipment, one of the original pieces of equipment was the Plombieres by De Langenhagen. This apparatus was first introduced in 1898 and allowed the client to receive the procedure in a reclined position. The pressure and the rate of flow were both adjustable. The Studa Chair and the Subaqueous Intestinal Bath Apparatus were described by Dr. Russell as "the most elaborate apparatus for colonic irrigation which is available." Another interesting type of colonic apparatus in vogue during this time was the Borosini Gymnacolon Apparatus. With this piece of equipment, the client lies on their back with their legs at a right angle to the torso and knees also bent. As with other equipment at the time, the tank level is adjusted to vary the gravity pressure of the water during the session.

Following Dr. Russell's lead, more books were published on the subject: "Chronic Intestinal Toxemia and its Treatment" by Dr. James W. Wiltsie in 1938, and "Scientific Intestinal Irrigation and Adjuvant Therapy" by Dr. E.G. Waddington in 1940. Dr. Waddington described the Honsaker Lavagatory as having "a graduated volume control for regulating the rate of flow into the patient's rectum, and a directional control for diverting the fluid from the reservoir into the colon and from the colon into the toilet bowl".

There are perhaps two types of equipment that foretold the future of colonic hydrotherapy apparatus. The first was the Kennison Hydrotone which was one of the

first "open" systems. It had an all-metal table with built-in hot and cold-water controls and a drain bowl, all connected to the plumbing system in a sanitary manner. With the operator sitting at the side of the table, all the various controls were within easy reach. The applicator was made of stainless steel and permitted inflow and outflow. This double-flow feature made it possible to have continuous irrigation without added pressure being applied. The next was the Dierker Apparatus which symbolized one of the original "closed" systems. This came in two styles and was described by Dr. Waddington as "promoting physiological peristalsis and working free the contents of the pockets and diverticula." Also, there were different methods of administering colonics. The "high" colonic meant that the rectal tube was inserted 54 inches or further into the intestinal tract through the rectum, causing the water to "flush" out material. In the "low" colonic, which is what we provide today, the rectal tube was replaced by a speculum or scope which was inserted only 3 to 4 inches into the rectum, allowing the water to slowly soften the fecal material from the rectum through the sigmoid into the various parts of the colon.

From the 1940's, colon hydrotherapy equipment continued to evolve, and by the early 1950's, colon hydrotherapy was flourishing in Europe and the U.S. The prestigious Beverly Boulevard in California was then known as "colonic row". However, towards the mid-1960's, the use of colon irrigations and colonic hydrotherapy slowly dwindled until the early 1970's when most colon hydrotherapy equipment was removed from hospitals and nursing homes in favor of the colostomy, Fleet enema and prescriptive laxatives.

### **Colon Hydrotherapy and Current Colon Hydrotherapy Systems**

Numerous excellent colon hydrotherapy systems are now sold throughout the world. Better devices offer the following features: precision regulated water pressure that prevents any risk of over-inflating the colon, automatic temperature control to assure the maximum in patient comfort, thermal shut-off that prevents excess water temperature due to a sudden drop in cold water pressure, dual sanitation that allows for complete disinfection of the entire water pathway inside the device, filtered and UV treated water to provide enhanced water quality, and medical grade disposable speculums that reduce the risk of cross-contamination and allergic reactions.

### **Enema Procedure**

Enemas can utilize many different solutions, but in their most basic form, involve a solution of purified warm water that is placed into a bag on one side of the tube. The other portion is lubed and placed directly into the rectum. Here are the standard instructions:

1. The enema bag should either be new or have been cleaned from any previous use with hot, soapy water. The patient should never share an enema bag, even if it has been cleaned; each family member should have his own.
2. Fill the enema bag with your desired solution, using warm water. Make sure the clamp is shut. Hold the bag with the hose end down and open the clamp for a moment or so to get rid of any air bubbles, which you do not want to introduce into the colon.
3. Hang the bag alongside the bathtub so that you can access it. Lay down on your left side, with your knees pulled up to your chest. This changes the position of the lower colon, so it can receive more fluid from the rectum. Anatomical positioning of the lower colon and gravity will help the fluid to go higher in the colon. Turn your head to one side, left arm under your head.
4. Lubricate the end of the tube with a lubricating jelly, like KY jelly, to make insertion more comfortable before inserting the tube, no more than 4 inches into the rectum. Bear down and push the anus out as you insert the tube to make it more comfortable. Lie on your left side and pull your knees to your chest. Never force the tube in. If you cannot get it in, do not continue trying. Call your physician to discuss what to do next.
5. Wait for the fluid to enter your rectum, breathing deeply and watching the bag until it is empty.
6. Remove the nozzle from your rectum slowly.
7. You will probably feel the urge to use the bathroom (“evacuate”) immediately. If you are doing a cleansing enema, carefully stand up and move to the toilet. If your goal is retention, follow the instructions of your desired enema.
8. Some people find that they have several additional bowel movements in the hours after an enema. For this reason, it may be best to plan to stay home for the rest of the day after an enema is administered. But for the most part, you may carry on with your regular routine after the enema process is complete.

Forcing an enema into the rectum can cause irritation and damage to the surrounding tissue. Never force the tube into the rectum. If problems persist, try administration later or call a doctor. Blood that is present in the stool after the enema may mean there is

rectal damage or an underlying medical problem. Consult with a physician immediately regarding any rectal bleeding.

## **Coffee Enemas**

Gerson therapy makes use of coffee enemas. Dr. Max Gerson developed the Gerson Therapy in the 1930s, initially as a treatment for his own debilitating migraines, and eventually as a treatment for degenerative diseases such as skin tuberculosis, diabetes and, most famously, cancer. Gerson therapy is a therapeutic approach to cleansing the body of toxins. The basis of the approach involves treating degenerative illness and cancer based on diet, nutritional intake, juicing, and includes the use of coffee enemas, which are an essential part of the regimen. For more information on Gerson therapy, visit the Gerson Institute website <https://gerson.org/gerpress/the-gerson-therapy/>

Though not a common practice today, coffee enemas do have a long history of use. Recorded medical use of coffee enemas dates to 1917; their beneficial effects on the liver were claimed by German scientists in the 1920s; they appeared in all major nursing textbooks through the 1950s; and they were listed in the Merck Medical Manual until the mid-1970s.

When a coffee enema is used, the caffeine from the coffee is preferentially absorbed into this system and goes directly to the liver where it becomes a very strong detoxicant. It causes the liver to produce more bile (which contains processed toxins) and moves bile out toward the small intestine for elimination. This frees up the liver to process more incoming toxic materials that have accumulated in the organs, tissues and bloodstream. The coffee does not go into the systemic circulation, unless the enema procedure is done improperly.

The coffee contains some alkaloids that also stimulate the production of glutathione-S-transferase, an enzyme used by the liver in detoxification. It is pivotal in the formation of more glutathione, one of the main conjugation chemicals, enabling toxins to be eliminated via bile into the small intestine. Basically, a coffee enema speeds up the detoxification process and minimizes the backlog of yet to be detoxified substances.

You will need the following materials:



- An enema bag or bucket, preferably one of clear plastic that you can see through
- A large stainless-steel cooking pot
- Organic coffee fully caffeinated - Always buy organic coffee beans, and grind them fresh as much as possible.
- A source of uncontaminated water, distilled is best. Chlorinated water should be boiled for 10 minutes

The see-through enema bag/bucket is preferable, but an old-fashioned type that doubles as a hot water bottle can be used although it is hard to tell how much is used at each pass. Do not use any bag with a strong odor.

### **Coffee Enema Procedure (The following procedure is from the Gerson Program)**

- Put a little over 1 quart of distilled water in a pan and bring it to a boil. Never use aluminum or iron pots or kettles to make the coffee. They can all leach unwanted metals into coffee. The more you can stick with glass for the coffee-making process, the better. Add 2 flat tablespoons of coffee (or the coffee amount that has been prescribed for you, the Gerson Program recommends 3 rounded tbsp.). Let it continue to boil for five minutes, then turn the stove off, leaving the pan on the hot burner.
- Allow it to cool down to a very comfortable, tepid temperature. Test with your finger. Pouring the coffee enema coffee back and forth between containers is a good way to cool it slightly once you are close to the desired temperature. It should be the same temperature as a baby's bottle. It is safer to have it too cold than too warm; never use it hot or steaming; body temperature is good.
- The coffee solution can be made ahead of time, such as the night before for a morning enema, to make the procedure easier. However, the fresher the coffee enema coffee, the better. If storing it overnight, make sure to use a glass container such as a one-quart mason jar, put the lid on tight, and store in the refrigerator or in a cool, dark place.

- Next, carry your pan or pot and lay an old towel on the floor (or your bed if you are careful and know you won't spill – for safety, a piece of plastic can be placed under the towel). If you don't use an old towel, you will soon have many old towels since coffee stains permanently. Use another bunch of towels, if you want, as a pillow and bring along some appropriately relaxing literature. Pour the coffee from the pan into the enema bucket without getting the coffee grounds in the cup. You may prefer to use an intermediate container with a pour spout when going from the pan to the enema bucket. Do not use a paper filter to strain the grounds. Put your enema bag in the sink with the catheter clamped closed.
- Pour the coffee into the enema bag. Loosen the clamp to allow the coffee to run out to the end of the catheter tip and re-clamp the bag when all the air has been removed from the enema tubing.
- Use a coat hanger to hang the enema bag at least two feet above the floor; on a door knob or towel rack. The bucket can rest on a chair, shelf or be held. Do not hang it high, as on a shower head, because it will be too forceful, and the hose won't reach. It should flow very gently into the rectum and distal sigmoid colon only. It is not a high enema or colonic. Allowing it to go well up into the colon may introduce caffeine into the general circulation as though you had taken it by mouth.
- Lie down on the floor on your back or right side and gently insert the catheter. If you need lubrication, food grade vegetable oil such as olive oil, a vitamin E capsule, or KY jelly should be fine, unless you are chemically sensitive. It is generally a good idea to avoid petroleum products.
- Gently insert the tube into the rectum a few inches and then release the clamp and let the first 1/2 of the quart (2 cups maximum) of coffee flow in. Clamp the tubing off as soon as there is the slightest amount of discomfort or fullness. Do not change positions or use an incline board to cause the enema to enter further into the colon; this defeats the purpose of this type of enema.

- Try to retain the enema for a minimum of 12 or more minutes. Sometimes there will be an immediate urgency to get rid of it and that is fine. The more you do coffee enemas at home, the easier it gets to hold the enema for 12 or more minutes, especially if you put the coffee in slowly. If you get periodic peristaltic contractions of the colon, continue holding the enema through the contraction if you can do so comfortably. If you feel significantly strained, or feel any form of pain, go to the toilet, allow the enema to be expelled and start again. It helps to clean the stool out of the colon so that next time around you can hold more of the enema longer. Never force yourself to retain it if you feel that you can't. When you have clamped the tubing, remove the catheter tip and void when necessary.
- It is best to hold it for at least 12 minutes each time. After you have emptied the bowel, proceed with the remaining 1/2 quart and likewise hold that for at least 12 minutes, if able, then void.

The goal is to have two enemas, not exceeding 1/2 a quart (2 cups) each, that you are able to hold for 12 to 15 minutes each. (The Gerson Program recommends one 4 cup enema.) Usually, 2 or 3 times will use up all of the enema, but that is not your goal. Being able to hold it for 12 to 15 minutes is. When you have finished your session, rinse out the bag and hang it up to dry. Periodically run boiling water, peroxide, or other comparable antimicrobial agent through the empty bag to discourage mold growth when not in use.

If you feel wired or hyper, or have palpitations or irregular heartbeats after a coffee enema, you should reduce the amount of coffee, usually by half for a few days or weeks. Or consider that you really need organic coffee. Be sure the source of your water is good clean chemical-free spring, well, or filtered water.

Sometimes you will hear or feel a squirting out and emptying of the gallbladder. This occurs under the right rib cage, or sometimes more closely to the mid line. If after a week of daily enemas, you have never felt or heard the gall bladder release, you should consider making the coffee stronger, going up in 1/2 tablespoon increments per quart, not exceeding 2 tablespoon per cup. Alternately, you may need a slightly larger volume,

such as 3 cups at a time. Sometimes, 3 enemas (2 cups or less each) rather than two at a session are more beneficial for some.

## **Safety Tips**

Cleanliness is very important when doing any procedure involving the lower body. Wash everything carefully with soap and water before and after use.

Never force the enema tip into the rectum. Lubricate it well and move it very slowly and gently, aiming it directly upward from the legs to the body. Never force anything.

Be sure the temperature of the coffee liquid is comfortable to the touch.

Coffee enemas take some getting used to. However, with a little practice they get much easier. Do not use more than about 2 cups of water in the enema. In fact, 1 cup of water is fine and easier to retain.

Distilled water is best for coffee enemas. If this is not available, spring water or carbon-filtered tap water is OK for enemas.

Some people can do up to four enemas daily, each with up to two tablespoons of coffee in each one. Others cannot handle this much coffee. Please be careful when starting enemas. If in doubt, begin with only up to 4 tablespoons of coffee daily, even if you do four enemas per day. Then add more coffee as you can.

If time permits, you may retain the enema for up to one hour or even longer. This is not essential, but there are definite benefits to retaining the enema longer than 15 minutes. If you retain the enema for more than 1 hour, only do one enema per day.

Dr. Gerson and the Gerson Clinic recommend 3 tablespoons of coffee in one enema. This amount may be too much for most people. Remember “less is more.” Please use only up to 2 tablespoons of coffee per enema! They may also recommend light roast or “gold roast” enema coffee, which we do not recommend. Ideally, boil the coffee for 12-13 minutes to prepare the enema. This is better than any other method of preparing the coffee such as a coffeemaker, percolator, or Keurig machine.

It goes without saying that you cannot get the same benefits from coffee by drinking it.

Always discontinue the enemas if there is any adverse reaction whatsoever, and discuss it with your doctor at your next appointment. If you find the enema helpful, do not use it more than once per day for any extended period without medical supervision. Use it as necessary, perhaps several days in a row, but more commonly a few times a week.

## Resources

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## **Video**

### **Colon Hydrotherapy**

<https://www.youtube.com/watch?v=ih8XT2IUTm8>

<https://www.youtube.com/watch?v=CcjNNFoGklg>

### **Basic Enema Instructions**

[https://www.youtube.com/watch?v=-UMu\\_iP-AJE](https://www.youtube.com/watch?v=-UMu_iP-AJE)

### **Basic Coffee Enema Procedure Part 1: Coffee Enema Recipe**

<https://www.youtube.com/watch?v=mky3gR8hNFo>

### **Coffee Enema Procedure Part 2: Putting the Enema In**

<https://www.youtube.com/watch?v=fbclu2uuOcY>

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