

Bowel Preps 2012: Is Hydrotherapy Part of the Mix?

December 14, 2011

1 Comment

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By Michelle Beaver

As you've likely noticed, there's an option to leave comments when you read an *EndoNurse* article or news story online. The following comment is from a fed-up user of bowel preps, and it's safe to say that she speaks for the masses, at least when she says that she's surprised by the archaic nature of ingesting chemicals and then having the runs for hours.

**Sent: Sunday, Sept. 25, 2011 4:24:25 p.m.*

Subject: [endonurse] Re: <http://www.endonurse.com/articles/2002/08/which-bowel-preps-are-best-for-your-patients.aspx>

Suzanne226 wrote:

It's hard to believe that in 2011 modern medicine has not come up with a better prep for colonoscopy than the alternatives outlined above. I have endured seven colonoscopies, having had a colon resection in 1998. Now I am facing my eighth and wondered if something new had not yet been invented, especially since it's been five years since my last one.

Alas, there is still nothing more humane out there on the market. I have always found [one particular prep] to be the 'best' prep; however, I know there was a recent ... lawsuit against the pharmaceutical company. I know the last time I used it to prep I nearly died, and therefore was unable to finish the prep. We really need to appeal to the pharmaceutical companies to come up with something better."

Suzanne226 is surely not the only person who feels this way. Some gastroenterologists are also not happy with prep options, or at least want there to be more choices. For instance, Dr. Chris Demetriou, the owner of a GI clinic called GI DOCTORS, on Long Island, in New York. Demetriou's office does around 1,600 colonoscopies a year. He has two partners and all are using a hydrotherapy prep and are pleased with the results, reported Amy Sanders, who helped implement the program. Sanders is president of "GPACT," Global Professional Association for Colon Therapists.

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G-PACT newsletter

The biggest obstacle preventing patients from undergoing a colonoscopy is the large amount of foul tasting prep that is required to be taken in order to clean out the bowels.

Planning to have a Colonoscopy?
Don't Dread the Prep!



ColoLAVAGE™
the world's lowest volume prep.
*Ask your Doctor for a referral for the
ColoLAVAGE™ before your next Colonoscopy.*



GI Doctors are one of the few medical facilities in the world to offer a low volume bowel prep called ColoLAVAGESM. This prep only requires you to consume one bottle of Snapple that is mixed with a tasteless laxative powder the day before the test, in addition to undergoing a colonic at our facility two hours prior to your colonoscopy.

From our experience the ColoLAVAGESM produces better bowel cleaning, better patient satisfaction, in addition to increasing patient safety as compared to the conventional bowel prep.

Live video of Colonoscopy of a patient of Dr. Demetriou who used the ColoLAVAGESM Prep.

Article from EndoNurse about GI DOCTORS: Bowel Preps 2012: Is Hydrotherapy Part of the Mix?

Some gastroenterologists are also not happy with prep options, or at least want there to be more choices. For instance, Dr. Chris Demetriou, the owner of a GI clinic called GI DOCTORS, on Long Island, in New York. Demetriou's office does around 1,600 colonoscopies a year. He has two partners and all are using a hydrotherapy prep and are pleased with the results, reported Amy Sanders, who helped implement the program. Sanders is president of "GPACT," Global Professional Association for Colon Therapists.

Her findings from the implementation program: Cleaner bowels compared to the traditional preps

- Due to the lubrication provided by the hydrotherapy versus the drying effect of the traditional prep, they can more easily slide the scope making the procedure faster
- Patient tolerance is improved versus the traditional
- Patients can have a light liquid breakfast up to five hours prior to the hydrotherapy/colonoscopy, unlike the conventional prep with no food and sips of water for medications
- The anesthesiologist reported the following: Patients are requiring less medication administered during the procedure
- Procedure time reduced
- Patient recovery time is reduced and feeling of general well being is improved

“Dr. Demetriou and Amy Sanders co-creators of the ColoLAVAGESM the featured article in EndoNurse magazine Dec 2011-Jan12 edition.”

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The biggest obstacle preventing a patient from undergoing a colonoscopy is undoubtedly the preparation that is required prior to the procedure to clean out the colon, said Dr. Demetriou. "There are many different brands of bowel preparations to choose from and the majority requires the consumption of 64 oz to 128 oz of laxative-instilled fluid," he added. "The two main issues that arise with these types of preparations are: patients could have great difficulty consuming the large volume of laxative-instilled fluid, and many of these preparations are foul tasting and unpalatable."

Indeed, all endoscopy professionals are aware of how difficult it is to get patients to follow the instructions properly, and to finish the prep. The team at GI DOCTORS, along with Sanders, created the "ColoLAVAGESM prep." This preparation requires the patient to consume one bottle of Snapple that is mixed with a tasteless laxative the day before the test, in addition to having the patient undergo colon hydrotherapy two hours prior to their colonoscopy.

Demetriou said, "Our experience with the ColoLAVAGESM Preparation has lead us to the following observations; The ColoLAVAGESM preparation cleans out the whole colon just as well if not better than the currently used preparations." He also said the following:

- 1) The Colo Lavage preparation produced higher patient satisfaction ratings when compared to the conventional preparations
- 2) The Colo Lavage preparation has lead to the objective assessment that colonoscopies seem easier for the gastroenterologist to conduct. We believe this is the case because colon hydrotherapy leads to a well hydrated colon and since water is a natural lubricant, it allows the colonoscope to slide easier throughout the colon. This is a very important point because easier colonoscopies lead to lower perforation rates and less anesthesia related complications.

In August 2011, the The Journal of Family Practice had run a study that looked at various forms of digestive detoxes and declared the majority to be unsafe. The article received a lot of national attention.

It's these points that led one hydrotherapy advocate to defend the practice in the journal. In October, GPECT defended the practice of hydrotherapy and criticized the study in the below article, which the journal ran this week. It's written by Melisa Bunderson-Schelvan, PhD, the scientific liaison for GPECT.

The letter is in the October 2011 issue, Vol. 60, No. 10: 573, and states: "As a scientist and certified colon therapist with a colon hydrotherapy practice, I was concerned by the lack of objectivity in your recent article, 'The dangers of colon cleansing' (J Fam Pract. 2011;60:454-457). The authors cited literature describing adverse effects associated with common laxative preparations used prior to colonoscopy exams, such as oral sodium phosphate or polyethylene glycol, but neither one is generally used by patients looking to colon cleanse to 'enhance their well-being,' yet the authors made no mention of this."

Ironically, the use of colon hydrotherapy is growing in popularity as an alternative to these laxatives for colonoscopy prep. The article also contained jumps in logic that misrepresent colon cleansing in general, and colon hydrotherapy in particular. For example, the first case study involved a 31-year-old with Crohn's disease—a specific contraindication for colon therapy. Therapists certified by the Global Professional Association for Colon Therapy are taught to give extensive health background questionnaires before administering colon hydrotherapy, so it is difficult to determine whether the therapist or the patient was at fault for failure to disclose her health status.

Other case reports the authors cited described isolated events that either involved people who already had severe health problems or could not be attributed to colon hydrotherapy with certainty. There are risks inherent in most, if not all, medical treatments, whether given by an

allopathic doctor or an alternative health practitioner⁵ and low anterior resection for a rectal carcinoma.⁴ In addition, the potential benefits of colonic irrigation have been shown in rats following the induction of pancreatitis by intraduodenal injection of sodium taurocholate.³ Others determined that colonic irrigation was an effective alternative for the treatment of persistent fecal incontinence after dynamic graciloplasty.² While there is no denying the paucity of studies on the potential benefits of colonic irrigation, it is unfortunate that the authors chose to omit the few studies that have been conducted. One study found that daily water irrigations in patients who underwent sigmoidostomies for rectal cancer were not associated with alterations in the colonic mucosa structure. There are inherent risks to most, if not all, medical treatments, whether given by an allopathic doctor or alternative health practitioner.

However, the huge number of colon hydrotherapy sessions performed worldwide has resulted in a vast database of testimonials to the positive effects of this therapy.

-Melisa Bunderson-Schelvan, PhD Missoula, Mt.

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