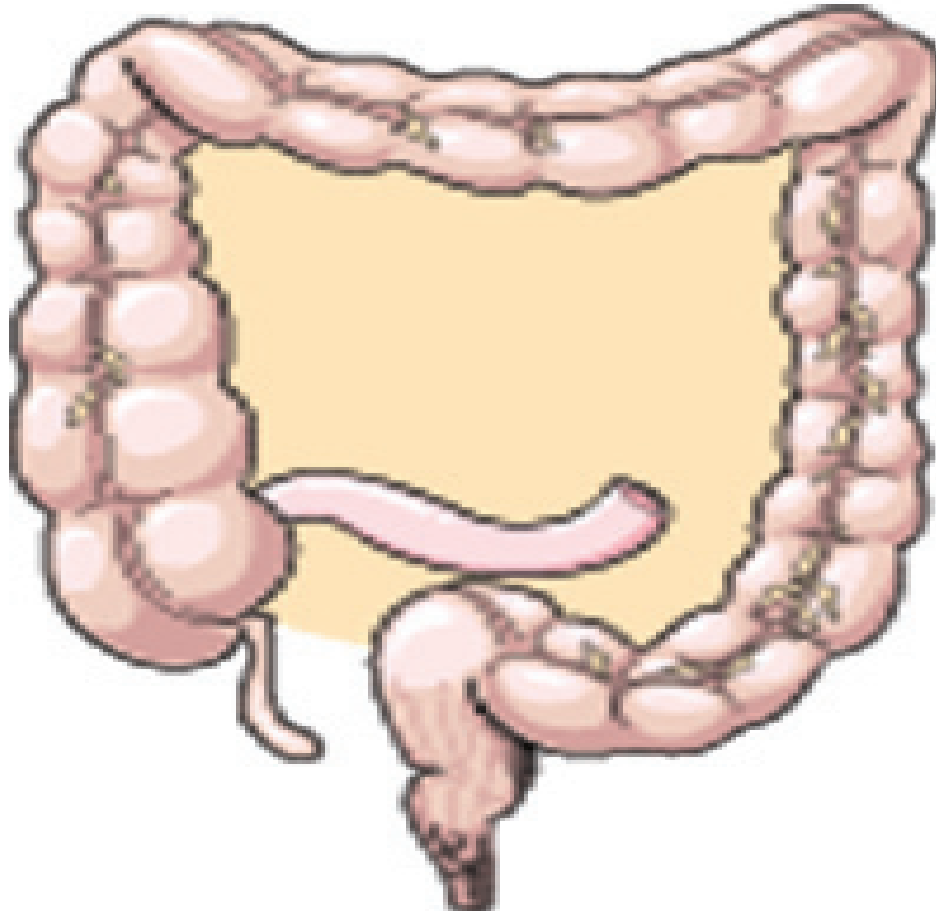


PHYSICIAN SPECIALTY
PROTOCOL
on
COLON HYDROTHERAPY



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PHYSICIANS SPECIALTY TREATMENT PROTOCOL for Colon Hydrotherapy

PROTOCOL - GASTROINTESTINAL RADIOLOGY

BARIUM ENEMA

Colon Hydrotherapy offers valuable application as a preparation method for the barium enema study. The optimal way to study any hollow viscus filled with contrast material is to have the viscus completely empty of any other contents. Many preparations have been used to cleanse the colon of most of its contents. These include laxatives, enemas and purgatives.

Preparation for barium enemas, utilizing Colon Hydrotherapy, would obviate the need for laxatives and provide a more complete colon cleansing process. This modality would dramatically decrease the incidence of improper preparation while facilitating a more accurate study. In addition, utilization of this method following a barium enema would eliminate the problem residual opaque material on subsequent upper GI. series or plain film studies, which would result in additional radiation exposure to the patient. Again, application of Colon Hydrotherapy immediately following the barium enema study would effectively cleanse the barium solution from the large intestine and minimize the discomfort to the patient as a result of the retained barium.

Two Colon Hydrotherapy sessions on consecutive days prior to barium enema and at least two session immediately following the study.

Clear liquid diet beginning day one and continue until after procedure.

Colon Hydrotherapy session on day one.

Colon Hydrotherapy session on day two.

Barium enema on day two shortly after second session.

NOTE:

In the case of barium enema - a minimum of two additional Colon Hydrotherapy sessions on consecutive days, immediately following the barium study.

PROTOCOL - GASTROENTEROLOGY

Colon Hydrotherapy is a valuable modality in the preparation involving diagnostic studies for evaluating the colon, including sigmoidoscopy and colonoscopy. This procedure effectively cleanses the entire colon, affording optimal preparation for the above studies while maximizing the physician's timetable.

Harsh laxatives or enemas are not necessary prior to sigmoidoscopy or colonoscopy when utilizing Colon Hydrotherapy.

SIGMOIDOSCOPY

24 - hour clear liquid diet after midnight day one.

Colon Hydrotherapy session day one, Colon Hydrotherapy session day two.

Exam on day two after second session.

COLONOSCOPY

Three Colon Hydrotherapy sessions on consecutive days prior to colonoscopy.

Clear liquid diet beginning day one and continue until after procedure.

Colon Hydrotherapy session on day one.

Colon Hydrotherapy session on day two.

Colon Hydrotherapy session on day three.

Colonoscopy on day three shortly after third session.

“Medicine is a collection of uncertain prescriptions, the results of, which taken collectively, are more fatal than useful to mankind. Water, air and cleanliness are the chief articles in my pharmacopeia.”

—Napoleon Bonaparte

PROTOCOL - SURGERY

Colon Hydrotherapy would function as a valuable modality in preparation for gastrointestinal surgery. This colon cleansing procedure would provide a more optimal surgical field and potentially decrease the risk of postoperative complications due to the presence of bacteria at the suture line.

In addition, Colon Hydrotherapy may be applied to all patients undergoing general or spinal anesthesia: cardiac, general, OB/GYN or urologic surgery, as it would reduce problems with bowel function associated with general anesthesia following surgery. The use of strong laxatives or purgatives such as castor oil, along with enemas can be avoided when utilizing Colon Hydrotherapy as the method of choice prior to or following surgery.

The gentle infusion of warm water into the rectum would promote elimination and not stress the incision site.

Timetable for liquid diet prior to surgery as directed by the surgeon. One Colon Hydrotherapy session on two consecutive days prior to surgery.

POST - OPERATIVE APPLICATION

Two Colon Hydrotherapy sessions on consecutive days following surgery (excluding intestinal or rectal surgery) , or as indicated by the individual's bowel function status.

PROTOCOL-ACCELERATED 23-HOUR PREPARATION FOR THE SPECIALTY AREAS OF RADIOLOGY, GASTROENTEROLOGY AND SURGERY.

Colon Hydrotherapy provides the most effective preparation for diagnostic procedures relating to the large intestine including: barium enema, sigmoidoscopy, colonoscopy and surgery. This technique promotes an optimal examination site and allows for a more accurate diagnosis.

Preparation utilizing Colon Hydrotherapy would obviate the need for laxatives and other oral preparation solutions which interfere with important digestive and assimilative processes occurring in the stomach and small intestine. Most preparation procedures precipitate dehydration in the patient, where as Colon Hydrotherapy in effect, would improve the hydration status of the patient by absorption of water through the colon.

The accelerated twenty-three hour preparation schedule would allow the client/patient to be treated in the hospital and discharged within a twenty-three hour period maintaining outpatient status.

Physicians Protocol on Colon Hydrotherapy

Clear liquid diet past midnight on day one.

Colon Hydrotherapy session day one.

Check-in at 11:00 am. Day two (pre-op as per surgeon).

Colon Hydrotherapy session day two.

PROTOCOL - PEDIATRICS

Colon Hydrotherapy may be applied to the child experiencing difficult elimination. An initial series of two to four sessions in a two week period are recommended. Following this, one session every three months as determined by the physician based on the individual's elimination problem.

INTUSSUSCEPTION

A telescoping of the bowel upon itself and is most common in infants, occurring at the ileocecal junction. Under the direct supervision of a physician the gentle infusion of warm water throughout the colon may spontaneously resolve this condition. One treatment prior to surgical intervention is recommended.

PHEOCHROMOCYTOMA

Constipation occurs in about 8% of children with Pheochromocytoma and may result from the pharmacological effects of catecholamine, especially noradrenaline. Treatment of this secondary symptom generally consists of a series of enemas and different combinations of laxatives.

Colon Hydrotherapy may offer effective management of the constipation problem and decrease the risk of intestinal obstruction as treatment is directed toward control of the Pheochromocytoma.

PROTOCOL - GERIATRICS / PARAPLEGICS AND QUADRIPLÉGICS

GERIATRICS

The geriatric population is largely affected by problems with elimination as a result of poor nutrition, dehydration and lack of exercise. Colon Hydrotherapy would offer an opportunity to examine the stool for occult blood on a continual basis for the early detection of colon/rectal cancer.

Constipation - An initial series of four to six sessions in a three week period are recommended. Following this, one session every month or as directed by the physician depending upon the degree of the individual's constipation problems.

Acute Fecal Impaction - Two initial sessions given under the supervision of a physician. Following relief of this condition, one session on two consecutive days to complete the cleansing process.

PARAPLEGICS AND QUADRIPLÉGICS

The patient with paraplegia or quadriplegia needs a coordinated program including protocol to establish a satisfactory bowel and bladder program. Bowel training traditionally involves glycerine suppositories, enemas, stimulant medications by mouth or rectally and regular digital stimulation as well as manual disimpaction.

Colon Hydrotherapy continually bathes the entire colon removing impaction from colon walls and providing relief from bowel problems associated with spinal cord injury. This modality would obviate the need for manual disimpaction and be a valuable asset to the bowel training program.

An initial series of four to six sessions in a three week period are recommended. Following this, a range of one to three colon hydrotherapy sessions per month as directed by the physician.

PROTOCOL - GENERAL THERAPEUTIC APPLICATION

Colon Hydrotherapy is a restorative procedure which is both relaxing and effective. This modality has both a therapeutic and solvent action on the large intestine. The cleansing process removes putrefactive material, impaction, flatus, mucus and infectious material promoting regular elimination and optimal colon health.

Colon Hydrotherapy improves the hydration status of the client/patient. The water that is absorbed during the session cleanses tissue at the cellular level and removes toxins enhancing elimination through the liver, kidneys, skin and lymphatics, as well as the colon.

Therapeutic application with warm and cool water induces relaxation and contraction of colon muscular walls, facilitating peristalsis and improving the atonic bowel condition.

The body will continue to cleanse after the requested series program and adherence to proper nutrition will promote the physiologic flora and maintain a healthier colon.

Generally, a series of 4-6 sessions are given in a 2-3 week period. Following this, a series of 2-3 sessions every 3-6 months is generally recommended.

The session series will vary according to the physician's assessment of the individual's symptoms and bowel status.

“He’s the best physician who know the worthlessness of most medicines.”

—Benjamin Franklin

“To wish to be well is part of becoming well.”

—Seneca

PROTOCOL-TEMPERATURE VARIATIONS DURING TREATMENT

Standard Operating Temperature 37°C or 100°F

Maximum Temperature Range 32° - 41°C or 90° -105°F

INDICATIONS

TEMPERATURE RANGE

Atonic (Flaccid) Bowel 32.7° - 35°C or 92° -95°F

Spastic Colon 38.5°C or 102°F

Hemorrhoids 32.7°-35°C or 92° -95°F

Cramps 37°-38.5°C or 100° -102°F

Menses 37°C or 100°F

Colitis 38.5°C or 102°F

Mucous Colitis 38.5°C or 102°F

Cardiac Diseases 32.7°-38.5°C or 92° -102°F

Gross Parasites (Worms) 32.7° - 35°C or 92° -95°F

* C - Celcius
F - Fahrenheit

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