

THE IMPORTANCE OF BEING REGULAR

Assessing the risk and benefit of alternative therapy for GI conditions

The regularity of our bodily functions has been used as the “canary in the mine” for health and wellbeing, since early times. Ancient Egyptians first introduced the concept of “autointoxication” which suggests that undigested food in the colon produces toxic substances that circulate through the body, causing illness.¹ Later proponents of this theory included prominent Guy’s Hospital surgeon, Sir William Arbuthnot Lane (1856 – 1943), who attributed “all the chronic diseases of civilization” to autointoxication. He believed that stasis of colon contents allowed toxin producing bacteria to form, resulting in systemic poisoning. This was said to cause symptoms ranging from lassitude and gastrointestinal disturbance, to more serious conditions such as hypertension, arthritis, cholecystitis and even cancer.¹ The unfortunate side-effect of this theory was a fixation on the daily evacuation of stools, a feature that remains well ingrained in the public health system many decades later.

Another advocate of ‘intestinal health’ was John Harvey Kellogg, MD, perhaps better known for inventing Corn Flakes. Kellogg (1852 – 1943) ran the Battle Creek Health Sanitarium using holistic methods, with a focus on nutrition, exercise and daily enemas. Patients participated in meal-time marches and breathing exercises to promote proper digestion of food. In addition to this, 600ml of yoghurt was rationed daily, half of which was eaten, the other half administered by enema. Kellogg claimed that the yoghurt replaced intestinal flora, resulting in a “squeaky clean bowel”.

The theory of autointoxication is not supported by scientific evidence and is disregarded by most of the medical fraternity today. Waste material does not adhere to the colon wall or produce toxins. However, many people still place faith in “detoxifying” their digestive system as an important process for their health and well-being. Detoxifying may include a combination of fasting, cleansing (“natural” laxatives) and colonic irrigation (by enema or machine). While short periods of fasting and laxative use are likely to be harmless, enema and colonic irrigation are associated with some serious health risks.

Colonic irrigation is performed using a device to infuse the entire colon in a series of fills and releases, using up to 50 litres of isotonic solution.^{2 3} The waste material is removed without unpleasant odour and with the added bonus of a viewing window. Claimed benefits of colon cleansing include; improved bowel function and regularity, clearer skin complexion and increased energy and alertness.

The greatest risk associated with colonic irrigation is perforation of the wall of the colon by mechanical penetration or excessive pressure from liquid forced into the bowel. Risk factors for perforation include older age, recent bowel surgery and conditions such as diverticulitis, inflammatory bowel disease, Crohn’s disease and haemorrhoids. Three cases of perforation of the rectum after a colonic irrigation procedure were recently documented in Australia. The irrigations were performed by alternative therapists to “cleanse” or “clear out stale faeces” – none of the three patients had a medical reason for the procedure. These patients all required surgery to repair their perforations, one from mechanical penetration and two from excessive pressure in the lumen of the bowel. The authors concluded that the potential harm of colonic irrigation outweighs any obvious benefit.³

There is also some concern that introducing large amounts of water into the bowel may result in depletion of electrolytes. People with kidney or heart failure have a higher risk of this.² Improper sterilisation techniques also contribute to a risk of transmission of pathogens. There have been several cases of amoebiasis reported after colonic irrigation.⁴ Enemas may be associated with many of the same risks as colonic irrigation, if not performed under medical supervision. In addition, coffee, wheat grass, herbs and other substances may be added to the enema solution. This increases the risk of adverse effects including toxicity and allergic reaction.²

Regulations for complementary or alternative medicine (CAM) practitioners are currently being developed. A ministerial committee has advised that “an increased level of regulation of CAM practitioners is needed to effectively protect New Zealand consumers from the risks involved with CAM practice” and that “CAM practitioners should be regulated according to the level of inherent risk involved in the modalities they practise”. Risk is defined by the nature and intensity of the technique involved and the potential for adverse effects, as well as the risk of an unsafe or unsanitary environment, lack of appropriate referral and misleading claims.⁵

In the United States, the FDA has ruled that colonic irrigation is an invasive procedure and colonic irrigation devices cannot be legally marketed for use except for medical reasons (e.g. before an x-ray or endoscopy). A licensed physician must perform or supervise the procedure. In New Zealand, colonic irrigation is offered at specialised clinics, performed by a “Colonic Hydration Therapist”. There is no requirement that this therapy be performed under medical supervision.

Many patients are reluctant to reveal to GPs that they are using complementary therapies. As a general reminder;⁶

- Routinely question patients about their use of alternative therapies
- Discuss the safety, efficacy and merits of commonly used alternative treatments
- Provide information on the risks of some treatments
- Help patients make informed decisions about alternative treatments e.g. find a qualified/licensed provider

The last word should be left to this anonymous objector to a “Quackwatch” editorial;⁷

“Since you think you are so informed on what would constitute staying healthy, why don’t you actually stay on top of medical research. Scientists have discovered 90% of serotonin in the body is produced in the colon wall and they have realised we have a second brain, which is located in the wall of the intestine. The conclusion is that our health depends on the health of the colon”.

No references were supplied for this alleged evidence.

Reference

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