


IN THE SUPERIOR COURT OF FULTON COUNTY

STATE OF GEORGIA

,
Plaintiff,

Civil Action
File No.
2013-CV-236705

vs.

MICHAEL K. IMANI,
Individually, and THE
NILE WELLNESS CENTER, INC.,

Defendants.

DEPOSITION OF MICHAEL K. IMANI

February 6, 2014, 10:10 a.m.

Hall Booth Smith, P.C.

191 Peachtree Street NE

Suite 2900

Atlanta, Georgia

Michelle R. Lowe, RPR, CCR-2748

This document contains the first 80
pages of the deposition plus all of
the exhibits.

1 APPEARANCE OF COUNSEL:

2 On behalf of the Plaintiff:

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12 On behalf of the Defendants:

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1 (Pursuant to Article 10(B) of the Rules
2 and Regulations of the Georgia Board of Court
3 Reporting, a written disclosure statement was
4 submitted by the court reporter to all counsel
5 present at the proceeding.)

6 MICHAEL K. IMANI,
7 having been first duly sworn, was examined and
8 testified as follows:

9 EXAMINATION

10 BY MR. HARLEY:

11 Q State your name for the record, please.

12 A **Michael Imani.**

13 Q Mr. Imani, I'm Greg Harley. We just met.
14 I represent the plaintiff, [REDACTED], in the case of
15 [REDACTED] versus Imani and Nile Wellness Center. We're
16 here today to take your deposition pursuant to
17 notice and agreement of counsel.

18 I'll just get into a little bit of
19 background with you. Can you give me your date of
20 birth, please.

21 MR. SHEINIS: Greg, are we going to
22 reserve objections, other than those going to the
23 form of the question --

24 MR. HARLEY: That's fine with me.

25 MR. SHEINIS: -- and responsiveness of the

1 answer?

2 MR. HARLEY: Sure.

3 **A 2/23/61.**

4 BY MR. HARLEY:

5 Q Where do you currently reside?

6 **A Atlanta, Georgia.**

7 Q Can you give me an address.

8 **A 221-6 16th Street, Atlanta, 30363.**

9 Q And how long have you lived there?

10 **A Approximately six, seven years.**

11 Q Okay. Where did you live before that?

12 **A 170 Boulevard, Southeast.**

13 Q That's in Atlanta as well?

14 **A That's in Atlanta as well.**

15 Q How long have you resided in Atlanta?

16 **A Approximately 30 -- 30-plus years.**

17 Q Where were you born?

18 **A Mount Vernon, New York.**

19 Q Are you married, Mr. Imani?

20 **A I am.**

21 Q Who are you married to?

22 **A Deborah Imani.**

23 Q How long have y'all been married?

24 **A '89 to the present. 1989 we got married.**

25 Q Do y'all have any children?

1 **A We do not.**

2 Q Were you ever married to anybody before
3 Deborah Imani?

4 **A No.**

5 Q Okay. Does she reside with you here in
6 Atlanta?

7 **A She does.**

8 Q All right. Are you under any medication
9 that would affect your ability to testify truthfully
10 today?

11 **A Don't take any medication whatsoever.**

12 Q Have you ever been deposed before?

13 **A No. It's the first time.**

14 Q Have you ever been a party to a lawsuit
15 before?

16 **A No.**

17 Q All right. How about has Nile ever been a
18 party to a lawsuit?

19 **A No.**

20 Q All right. You might -- she may have
21 better ears than me. You might need to speak up 10
22 percent, not a ton.

23 **A All right.**

24 Q Have you ever testified in court before?

25 **A I have not, no.**

1 Q Have you ever given a deposition before?

2 A I have not.

3 Q Okay. Well, in that case, I'm sure that
4 your attorney gave you a little bit of background,
5 but I'll throw some in there as well.

6 If at any point you don't understand a
7 question, feel free to ask me to clarify it. If you
8 do, I'll be glad to try to do so.

9 A Okay.

10 Q Otherwise, I'll assume you've understood
11 it.

12 A Okay.

13 Q If possible, let me get the question out
14 of my mouth before you answer.

15 A Yes.

16 Q And try to avoid the shaking of the head
17 and that type of stuff. It's much easier for her to
18 take down verbal responses instead of that and the
19 uh-huhs and the uh-uhs.

20 Did you do anything to prepare for this
21 deposition today?

22 A I'm not sure I understand what you mean.

23 Q Well, did you read any documents to get
24 ready for the deposition?

25 A Read any documents? When you say

1 **documents --**

2 Q Documents that have something to do with
3 this case. Did you read them in order to kind of
4 jog your memory on what this case is about?

5 **A I read the interrogatories --**

6 Q Yeah.

7 **A -- that I think your firm sent over.**

8 Q Any other documents -- when was the last
9 time that you looked at the interrogatories?

10 **A A couple weeks ago.**

11 Q So you didn't go through anything in the
12 last couple of days, in terms of reading material?

13 **A No.**

14 MR. SHEINIS: I will add, I've cautioned
15 Dr. Imani that anything we've discussed is
16 attorney-client-type privilege. We've of course met
17 and gone through things.

18 MR. HARLEY: Right.

19 BY MR. HARLEY:

20 Q Without getting into any of your
21 communications with your lawyer, did you, in fact,
22 meet with your lawyer in anticipation of this
23 deposition?

24 **A Yes.**

25 Q When did y'all meet?

1 **A Yesterday.**

2 Q For how long?

3 **A It was about -- it seemed like about an**
4 **hour and 15 minutes yesterday. The day before we**
5 **maybe spent an hour-and-a-half.**

6 Q So two separate meetings?

7 **A Yeah.**

8 Q All right. Anything beyond what we've
9 talked about, in terms of getting ready for the
10 deposition?

11 **A That's it.**

12 Q Okay. I want to go through your education
13 and work experience beginning with high school, if
14 we could.

15 **A Sure.**

16 Q I guess start off -- tell me, did you go
17 to high school?

18 **A Yes.**

19 Q Where did you go?

20 **A Went to Glen Hills High School in Augusta,**
21 **Georgia.**

22 Q And did you graduate from there?

23 **A Yes, sir.**

24 Q What year did you graduate?

25 **A 1979.**

1 Q Okay. And so from there, tell me, what
2 did you do next?

3 A What'd I do next? The next thing I did
4 after -- after high school graduation I went to the
5 military, the Naval Reserve; so you went to boot
6 camp and then you went to a training program for the
7 Navy after that.

8 Q Are you still in the Reserve?

9 A No.

10 Q Did you ever obtain any -- what was the
11 highest rank you attained?

12 A I think it was petty officer third class.
13 It's been so many years, because I did six years and
14 I was out.

15 Q I apologize for the ignorances. The
16 Reserve is more of a part-time deal; is that right?

17 A At that time in the late '70s and early
18 '80s it was part-time. It's changed since that
19 time.

20 Q Okay. What did you do in Reserves?

21 A I was a CB, construction battalion.

22 Q Okay.

23 A I was attached to a construction battalion
24 unit.

25 Q Anything that you did in the Reserves that

1 relates to the digestive system or health, that type
2 of thing?

3 **A No. CBs don't do anything like that.**

4 Q Okay. I take it from approximately '79 to
5 '85 you were in the Reserves.

6 **A I was in Reserves for about that, yes.**

7 Q Were you honorably discharged?

8 **A Yes.**

9 Q What else were you doing during that time
10 frame?

11 **A I was going to college.**

12 Q All right. And where were you going?

13 **A West Georgia College, Carrollton, Georgia.**

14 Q And did you declare a major there?

15 **A I did. Psychology and biology, I think.**

16 Q From when to when did you attend West
17 Georgia?

18 **A The fall of 1980 through the spring, I
19 believe, of '85.**

20 Q Did you obtain a degree from there?

21 **A I did not.**

22 Q And why did you cease going to college at
23 West Georgia prior to obtaining a degree?

24 **A My mother got sick. I was the oldest of
25 five kids; so I needed to stop school and try to**

1 **help out.**

2 Q Okay. And was she back in Augusta?

3 A **Yes.**

4 Q And when you were at West Georgia were you
5 living in Carrollton?

6 A **Yes.**

7 Q Full-time student aside from your Reserve
8 duties?

9 A **Yeah.**

10 Q Okay. All right. So I take it in
11 approximately '85 you went back to Augusta.

12 A **Uh-huh.**

13 Q And tell me what happened from there.

14 A **I got a job and started working.**

15 Q Okay. What type of work did you do?

16 A **It was a sales job. I think with Orkin, I
17 believe, initially.**

18 Q Was it in Augusta?

19 A **It was in Augusta.**

20 Q All right. And from how long were you
21 with Orkin?

22 A **I think a little over a year.**

23 Q Were you taking any classes anywhere at
24 the same time?

25 A **No, not at that time.**

1 Q All right. So roughly here -- I'll try to
2 avoid spending too much time on the stuff that's --
3 I'm not going to ask you a bunch about your pest
4 control work.

5 A **Sure.**

6 Q But I do want to take it forward on a
7 chronological basis. Roughly '89 where did you go
8 after -- first off, why did you leave work at Orkin?

9 A **'89?**

10 Q Is that about when you left Orkin?

11 A **No. I said about a year, from '85 to '86.**
12 **After that I went to work for a company called SET**
13 **Corporation. Southeastern Training Corporation.**

14 Q Why did you leave Orkin?

15 A **It was a better opportunity at SET. It**
16 **was more money.**

17 Q What were you doing for Southeastern
18 Training?

19 A **I was -- my job title was the assistant**
20 **director for consumer affairs.**

21 Q What type of business was that?

22 A **It was a consulting practice. SET was a**
23 **consulting firm.**

24 Q Did it have anything to do with health?

25 A **No, it didn't.**

1 Q What did they consult in?

2 A They did education consulting training for
3 natural literacy.

4 Q Where were you located at that point?

5 A I worked both in Augusta and here in
6 Atlanta. The home office was here in Atlanta. They
7 had contracts at Fort Gordon in Augusta.

8 Q From approximately when to when were you
9 with Southeastern Training?

10 A I guess it was '86 to a couple years --
11 maybe three years I worked with them.

12 Q Okay. Now, were you attending any school
13 while you were at Southeastern Training?

14 A No.

15 Q So that brings us up to about '89?

16 A Yeah.

17 Q Tell me why you left Southeastern
18 Training.

19 A Better opportunity.

20 Q All right. And where did you go from
21 there?

22 A I went to the -- it was a company -- an
23 organization called OFEP, which was an acronym for
24 the Office of Fair Employment Practices here in
25 Atlanta. It's attached to the governor's office.

1 Q And what did you do for them?

2 A I was a compliance officer.

3 Q And from when -- what were you -- I guess

4 compliance is making sure people complied with fair

5 employment practices.

6 A Title 7, yes.

7 Q From when to when were you with them?

8 A I believe that was from around '88 to '91,

9 somewhere in that range. About three years,

10 three-and-a-half years.

11 Q Why did you leave that job?

12 A Started a small company after that.

13 Q While you were with the Office of Fair

14 Employment Practices were you also going to school

15 anywhere?

16 A I don't believe so.

17 Q So you left there in '91 to start your

18 own -- did you resign or were you terminated from

19 the --

20 A No, I resigned.

21 Q Okay. Have you ever been arrested before?

22 A Never.

23 Q Okay. You said you started a small

24 company in approximately '91. Tell me what that

25 was.

1 A It was a retail company. We -- it was a
2 retail gift shop and we started in '91. The company
3 ran until 1996. We ended up starting with one
4 company, downtown Atlanta at Underground, and
5 continued to expand the business to other cities.

6 Q And you said we, did you do this with
7 Miss Imani?

8 A Yes.

9 Q What was the name of your business?

10 A The Leftorium.

11 Q Will you spell that for her.

12 A Sure. L-E-F-T-O-R-I-U-M.

13 Q What were y'all selling?

14 A We sold gift items for left-handed people;
15 so scissors, knives, can openers.

16 Q My daughter's a lefty.

17 A There's also one in every family.

18 Q You said you started in Underground and
19 expanded. Where all did you expand to?

20 A Minneapolis, Baltimore, New York City. We
21 had some things going in San Antonio.

22 Q Were you franchising?

23 A We ended up franchising in San Antonio,
24 yeah.

25 Q And the other businesses --

1 **A Company owned.**

2 Q I take it you were doing this full-time.

3 **A Yes.**

4 Q Were you attending any school during
5 that --

6 **A I don't think I was.**

7 Q All right. What happened -- I take it
8 you're not still doing the Leftorium business.

9 **A That is correct.**

10 Q What happened?

11 **A I decided that I didn't like being away**
12 **from Mrs. Imani. We were -- because the company was**
13 **growing we were in different cities; we spent more**
14 **time apart than we would have liked to. And we just**
15 **decided that family was more important than business**
16 **at that point.**

17 Q What did y'all end up doing with the
18 business?

19 **A We ended up just closing it.**

20 Q So if my math is right we're up to the
21 Olympics or somewhere in there.

22 **A That's precisely where we were.**

23 Q Tell me what happened careerwise and
24 educationwise at that point.

25 **A So after we did that I think -- I decided**

1 to go back and take a certification course on
2 clinical hypnosis, and ended up going through the
3 course, earning the certification. Just really
4 fascinated with hypnosis, because I had studied
5 psychology in undergrad and thought it would be
6 something that I wanted to pursue further.

7 Q Where did you go to study clinical
8 hypnosis?

9 A I went to an institution called the
10 Institute of Hypnotherapy -- the American Institute
11 of Hypnotherapy. It was an online program. It
12 wasn't a residence program. They were based in
13 Irvine, California.

14 Q Did you ever go out there to visit?

15 A No.

16 Q And do you know if that institution is
17 accredited by any accrediting agencies recognized by
18 the United States Department of Education?

19 A I'm not sure.

20 Q How did you hear about them? What made
21 you decide to pursue further education there?

22 A They were the leading institution of its
23 kind in that specialty, when I did the research.
24 They do more training, they had more experience.
25 Dr. Krasner was on staff. He was a noted

1 **psychologist and hypnotist.**

2 Q From when to when were you doing online
3 study at the American Institute of Hypnotherapy?

4 A '97 to '98.

5 Q Were you working as well in that time
6 frame?

7 A You know, I'm not sure if I was working at
8 that time. I'm not sure.

9 Q And you said you obtained a certificate
10 from them. What was the certificate called?

11 A Certificate in clinical hypnosis
12 certification. It was by the American -- it was an
13 organization. American Institute of Hypnotherapy.

14 Q What do you recall about your -- what did
15 you do to obtain that certificate?

16 A The certification was -- it was a weekend
17 course and you went through the certification.

18 Q Okay. You said it was a weekend course?

19 A That was for the certification. That's
20 different than the American Institute, which is a
21 bachelor's degree. There was a certification course
22 I think in 12/97, December of 97. And then because
23 I really enjoyed that I wanted to pursue it further
24 and then enrolled in the AIH program.

25 Q Okay. So you got your certification first

1 and that was online; right?

2 A That was in person.

3 Q So you took the classes online?

4 A After the certification. Then I enrolled
5 in the AIH program which is a four-year bachelor's
6 program. That was online, completely.

7 Q Was everything online, other than the
8 weekend course?

9 A Right.

10 Q Okay. Where did you go to do the weekend
11 course?

12 A It was here in Atlanta. I forget where it
13 was located, but it was somewhere here in Atlanta.

14 Q That was a weekend course for the
15 certification that was to the American Institute of
16 Hypnotherapy?

17 A Right.

18 Q How many courses did you have to take to
19 get the certification?

20 A It was just a weekend course.

21 Q Okay.

22 A It was just a weekend course and you were
23 certified that weekend.

24 Q All right. You liked that and you decided
25 to pursue further education from them?

1 A It was consistent with my experience at
2 West Georgia, because I was a psychology major; so I
3 studied with Jim Klee and some really interesting
4 people and -- it was consistent with the psychology
5 training and background.

6 Q When you went through -- I'm sorry,
7 because you told me, but I didn't jot it down.

8 What did you call what you pursued at AIH
9 after you obtained the weekend certification?

10 A It was a bachelor's. It was a BCH. A
11 bachelor's in clinical hypnotherapy was the actual
12 degree.

13 Q How many hours of course study did you
14 have to complete to earn that bachelor's?

15 A I believe it was 30 to 60. I'm not sure,
16 but we can find that out. I got credit for the work
17 I had down in West Georgia.

18 Q Did you take any biology courses?

19 A Yes.

20 Q Do you remember what biology courses you
21 took?

22 A I'm not sure. I'm sure it was basic
23 biology. I believe I took a biochemistry.

24 MR. SHEINIS: Just for clarification,
25 Greg, are you asking about West Georgia or AIH?

1 MR. HARLEY: I was actually up to AIH.

2 BY MR. HARLEY:

3 Q Did you take biology courses at AIH?

4 A No.

5 Q You were going back and giving me your
6 West Georgia experience?

7 A Right.

8 Q Anything besides the biology and
9 biochemistry where you really got into subject
10 matter relating to the digestive system?

11 A There would have been some work on just
12 general anatomy. There was a course in clinical
13 experimental hypnosis where you would have looked at
14 the brain and how that related to major organ
15 systems.

16 Q Other than that, everything was more
17 hypnosis-oriented?

18 A It's all mind/body; so this is connected
19 to your body.

20 Q Really it was just the one course that you
21 took where you studied the general anatomy?

22 A I believe so. I'd have to look back at
23 the transcript just to be sure, given the fact that
24 it was that many years ago.

25 Q You still have your transcript from there?

1 **A I have it somewhere. I can obtain it.**

2 Q What was the degree -- did you obtain a
3 degree from the AIH program?

4 **A Yes.**

5 Q What was it called?

6 **A Bachelor of clinical hypnotherapy.**

7 Q What year did you obtain that?

8 **A 1998.**

9 Q Did you do any due diligence on the school
10 before pursuing your studies there, in terms of
11 finding out whether they were accredited, stuff on
12 the professors, that type of thing?

13 **A Sure.**

14 Q What did you do?

15 **A I talked to the people that were here. I**
16 **made some calls around, tried to find other options**
17 **that offered that, because that was my interest.**
18 **Again, I was familiar with Dr. Krasner's work after**
19 **having researched him. Tad James, who I was the**
20 **president at that point, was one of the recognized**
21 **leaders in NLP, Neuro-linguistic programming.**

22 Q Did you have to actually take any test to
23 obtain that degree?

24 **A Yes.**

25 Q Okay. What type of test?

1 A It was coursework; so you'd have to read.
2 Just like traditional coursework: You have a test,
3 you have essay questions, and you have to answer
4 those and submit those for grading.

5 Q All right. What did you -- did you -- did
6 they keep track of your grade point average or
7 anything like?

8 A Yeah. On the transcript, yeah.

9 Q What's your recollection of what your
10 grade point average was?

11 A I'm not sure.

12 Q Did you graduate with any sort of honors
13 or anything like that?

14 A I'm not sure that was an option, in terms
15 of distinction. I'm not sure. I don't think so.

16 Q I know you said you did it online. Did
17 you ever go out and visit the school?

18 A No. As I said before, no.

19 Q Okay. To this day, have you ever gone out
20 there?

21 A To Irvine? I have been to Irvine. My
22 sister lives close to Irvine.

23 Q To see the school, though?

24 A No.

25 Q Is it still in existence?

1 **A I'm not sure.**

2 Q All right. What year did you obtain the
3 degree from the American Institute of Hypnotherapy?

4 **A 1998.**

5 Q Were you going full-time pursuing those
6 studies?

7 **A I believe so, yeah. I'm not sure if I was**
8 **working at that time. If I was working it would**
9 **have been part-time.**

10 Q The work you were doing would that have
11 still been with the left-handed emporium store or
12 would it have been something else?

13 **A That would have been something else.**

14 Q Do you recall what, if you were doing
15 something else?

16 **A I'm not sure. I'm not sure if I was**
17 **working or not.**

18 Q So we're up to '98?

19 **A Right.**

20 Q To obtain that bachelor's degree did you
21 have to publish any material or write a thesis?

22 **A Typically, for most undergrads, you don't**
23 **have to do that. It was coursework. I had several**
24 **courses. I would have to do papers on the**
25 **coursework, answer questions. That was the**

1 **criteria.**

2 Q Tell me where you went. What happened
3 next?

4 A After that I wanted to pursue another
5 degree in that area; so I enrolled in the Ph.D.
6 program.

7 Q Same school?

8 A Same school. It was still AIH I think at
9 that point, but the degree ended up being from
10 American Pacific University, APU.

11 Q Do you know if APU is accredited or was
12 accredited by any accrediting agency recognized by
13 the U.S. Department of Education?

14 A I'm not sure.

15 Q Okay. And the Ph.D. work, did you do that
16 online or in person?

17 A Online.

18 Q Tell me what all went into you
19 obtaining -- did you obtain a Ph.D. from there?

20 A I did.

21 Q What all went into accomplishing that?

22 A 60 hours. I think it was 60 hours' worth
23 of courses. After that -- after you completed your
24 coursework you had to write and defend a
25 dissertation.

1 Q And the dissertation that you gave, I
2 believe you produced that to us in that case.

3 A **I think you have a copy of it, yes.**

4 Q And did you go out there to -- how did you
5 defend your dissertation without going out there?

6 A **You can do it video conferencing, on the
7 phone.**

8 Q Do you have a -- do you think you have a
9 copy of your transcript of the Ph.D. program?

10 A **I'm sure I can gather it.**

11 Q So basically your certification, your
12 undergraduate degree, and your Ph.D. were all from
13 the same institution?

14 A **Yeah.**

15 Q And it was all exclusively obtained
16 online; right?

17 A **Uh-huh.**

18 Q That was a yes, for her?

19 A **Yes. Sorry.**

20 Q Other than what might have been covered in
21 some sort of general anatomy course, no courses
22 particularly focusing on the digestive system?

23 A **I'm not sure. I'd have to check that.**

24 Q Okay. Tell me what year you obtained the
25 Ph.D. from the American Institute.

1 A It wasn't the American Institute. The
2 Ph.D. came from American Pacific University.

3 Q Which used to be known as --

4 A Yes.

5 Q The name changed; right?

6 A Right. 2004 would have been the year.

7 Q All right. And to some extent I'm asking
8 you the same questions, but we're moving forward in
9 time.

10 A Sure.

11 Q Were you working any sort of job that you
12 recall at the same time that you were pursuing the
13 Ph.D.?

14 A I was working part-time.

15 Q Do you remember what you were doing?

16 A I was working in customer service at
17 British Airways.

18 Q From when to when?

19 A From around the time I started until
20 around the time I think I finished. It was in that
21 window. I'm not sure. I can check it for you, but
22 I'm not sure the exact dates. It was around the
23 time. It ran concurrent with that.

24 Q Why did you leave British Airways
25 employment?

1 **A Because I finished my degree.**

2 Q Did you voluntarily resign?

3 **A Yes.**

4 Q Okay. Any other jobs that you remember
5 working during that time frame?

6 **A Not that I recall. I was mainly a**
7 **full-time student at that point.**

8 Q At this point in your life, Mr. Imani,
9 we're to 2004, had you done anything related to
10 colonics or colon hydrotherapy?

11 **A You mean professionally?**

12 Q Well, in any way. Did you even know what
13 they were at that point in time?

14 **A Yes. Yes, I knew what they were from age**
15 **12.**

16 Q Yeah. All right. Well, I'm sure Richard
17 told you not to give me answers that might lead to
18 more questions, and you just did. I'm just kidding.

19 Tell me, age 12, how did you know about
20 them at that point?

21 **A My grandmother gave me one.**

22 Q Did she give you an enema?

23 **A She gave me an enema.**

24 Q Okay. After that up until -- we're going
25 to take it chronologically. But up until 2004 had

1 you -- did you go and obtain colon hydrotherapy for
2 yourself or anything like that?

3 **A No. But I knew people who did it**
4 **professionally and colleagues and relatives who did**
5 **access the service.**

6 Q What type of service?

7 **A Colonics, colon therapy.**

8 Q What relatives did you have that did that?

9 **A My wife.**

10 Q During this time -- I guess we're up until
11 2004. At some point prior to that she was
12 performing colonics?

13 **A No, not performing, but she actually had**
14 **the procedure done in the '90s.**

15 Q Do you remember where she had it done?

16 **A It was a number of places here locally.**

17 Q Aside from your grandmother's services,
18 did you ever pursue it from a business up until
19 2004?

20 **A No.**

21 Q Okay. Tell me -- we're up to 2004. You
22 were working with British Airways. You had
23 completed your studies at American Pacific
24 University. What happened next?

25 **A I just -- just before that I had done some**

1 work at Coach U, which was a coach training facility
2 online program. So that ran a little bit beyond the
3 graduation point; I think maybe four or five months
4 beyond. June of '04 I think the graduation date
5 was.

6 Q And who -- where was the Coach -- what was
7 Coach U?

8 A Coach U was the largest professional coach
9 training organization at that time.

10 Q Okay. Is it just a private organization,
11 not affiliated with a particular education
12 institution?

13 A Right. Just private training.

14 Q Did you do that training online as well?

15 A Yes.

16 Q And I take it, just from the name, it
17 didn't have anything to do with the colon or the
18 digestive system?

19 A That's correct.

20 Q Did you obtain any sort of degree or
21 certification?

22 A Certification from Coach U.

23 Q What did you have to do to obtain that
24 certification?

25 A Online coursework and online practicums.

1 Q Are they still in existence?

2 A **They are.**

3 Q Do you know whether they're accredited by

4 any --

5 A **They actually are the professional**

6 **accrediting organization for people that want to be**

7 **professional coaches.**

8 Q What is a professional coach?

9 A **It depends on what area you're talking**

10 **about. You have executive coaches. You have life**

11 **coaches. You have health coaches. You have any**

12 **range of subspecialties.**

13 Q Okay. You said you did get a certificate.

14 What area was your certificate in?

15 A **Life coaching.**

16 Q It's not why we're here today, but give me

17 a brief overview of what that is.

18 A **It's just helping people to set goals,**

19 **strategies to achieve goals in their life, career.**

20 Q All right. Tell me what happened next.

21 A **I began coaching.**

22 Q As a occupation?

23 A **Yeah.**

24 Q Okay. And from when to when did you do

25 that?

1 **A** So that would have been whenever Coach U
2 finished, which was around the end of '04 to maybe
3 '06.

4 **Q** All right. Were you doing that here in
5 Atlanta?

6 **A** **Yes.**

7 **Q** Did you open up a business to do that or
8 were you just kind of doing it as Michael Imani,
9 sole practitioner?

10 **A** I think it was Michael Imani, sole
11 practitioner.

12 **Q** Anything else? I know you started Nile in
13 2006; is that right?

14 **A** **Uh-huh.**

15 **Q** Okay. Anything else workwise prior to
16 Nile, other than the coaching?

17 **A** **You're asking for what time frame?**

18 **Q** You told me you started doing the coaching
19 in 2004.

20 **A** **Uh-huh.**

21 **Q** And you started Nile in 2006; correct?

22 **A** **Right.**

23 **Q** In the 2004 to 2006 time frame any other
24 work that you were doing?

25 **A** **You know, I'm not sure. Maybe there was**

1 some part-time jobs -- I was trying to build that
2 piece of the business -- but I'm not sure where.

3 Q The part-time jobs were not in the health
4 field, were they?

5 A They were not.

6 Q The coach work that you were doing, were
7 you doing that out of your home or did you have a
8 separate office?

9 A I had small office at 610 Peachtree
10 Street.

11 Q Okay. Any other type of work done out of
12 that office besides the coach work?

13 A I don't believe so.

14 Q Okay. Any other educational-type activity
15 you were pursuing in that 2004 to 2006 time frame?

16 A Yeah. Postgraduation -- well, actually,
17 pregraduation I had -- during the research we had
18 looked closely at some different areas within the
19 broad concept of hypnosis. One of the areas that I
20 became really interested in was called autogenics,
21 which is a form of self-structured hypnosis. So in
22 the process of researching the dissertation I
23 contacted Vera Diamond, who is one of the leading
24 psychotherapists in London, and began to work with
25 her in autogenics.

1 Q Did you actually travel to London to do
2 that?

3 A I went back and forth. I did travel.
4 Yeah, I'd go back and forth.

5 Q And was that a paid position?

6 A Paid?

7 Q Were you compensated for the work that you
8 did?

9 A No. She was just gracious enough to allow
10 me to train with her, given the fact that she was
11 one of the leading authorities in the world.

12 Q Tell me about training. What was involved
13 in it?

14 A It's a self-study -- well, it's not a
15 self-study program. It's a sponsored program
16 through -- she was with the British Autogenics
17 Society. They have a program that if you have a
18 therapist that will train you in the foundation
19 level it's sponsored through -- it's sponsored
20 through, at that time, Royal Homeopathic Hospital in
21 London. Vera was gracious enough to work with me
22 and sponsor me on that program.

23 Q I did a little bit of background work
24 looking at her and I saw something about she worked
25 with kids that had allegedly been subject of satanic

1 rituals.

2 **A** That's one of the areas that she worked
3 in.

4 **Q** Were you involved in that at all?

5 **A** No.

6 **Q** Tell me a little bit more about what the
7 autogenics is.

8 **A** It's a mind-body technique that uses
9 self-hypnosis to create health outcomes in one area.
10 In London it's used alongside the NHS, which is the
11 National Health Service. It's used with people with
12 diabetes. It's used with people with anxiety
13 disorders. It just allows them to achieve better
14 outcomes without drugs and surgery.

15 **Q** I've been looking at your CV on this
16 stuff. It references that you studied autogenic
17 therapy under Miss Diamond.

18 **A** Yes.

19 **Q** I take it you didn't obtain any
20 certification or degree. It was just study?

21 **A** That's like being able to go study with
22 Sigmund Freud. It's a once-in-a-lifetime
23 opportunity.

24 **Q** Did you guys do -- did you do any colonics
25 as part of the work you were doing with her?

1 **A With Vera?**

2 Q Yes.

3 **A No.**

4 Q Was there any study particularly related
5 to the colon/the digestive system with her?

6 **A We looked at all the body systems.**

7 Q No more than what you would have done for
8 any other part of the body?

9 **A No.**

10 Q All right. When you say you looked at all
11 of the body systems, were you studying on human
12 patients or cadavers or reading books or what?

13 **A They were live people oftentimes.**

14 Q Okay. Do you recall did you ever discuss
15 colon hydrotherapy with her or anything like that?

16 **A I'm not sure if we would have discussed
17 that.**

18 Q Okay. We're up until 2006. And I have --
19 just want to make sure I didn't miss anything. Any
20 part of your education or work experience that
21 related to colon hydrotherapy up until that point,
22 other than what you've already discussed with me?

23 **A No.**

24 Q Okay.

25 MR. SHEINIS: Greg, I know we haven't been

1 going that long, but it seems like this would be a
2 good breaking point.

3 MR. HARLEY: You are welcome to it.

4 (Recess 10:48-10:57 a.m.)

5 BY MR. HARLEY:

6 Q Mr. Imani, going back, just a couple
7 follow-ups. How many hours did you complete at West
8 Georgia?

9 A It was probably within two quarters of
10 graduation.

11 Q Okay.

12 A I'm not sure what the hour system was back
13 then because everything is semesters now.

14 Q Did you give any thought to going back and
15 just simply getting your undergraduate degree there?

16 A My interests were elsewhere. They didn't
17 have a program that my interest had directed to.

18 Q Were you in academic good standing with
19 them when you left?

20 A I believe I was, because I was allowed to
21 go back.

22 Q When you say you were allowed to go back,
23 I didn't --

24 A If I had chosen to go back and return and
25 complete a degree, I would have been allowed to.

1 Q They told you that?

2 A Yeah, that's -- yeah.

3 Q The next thing that happened was when you

4 opened up Nile?

5 A Right.

6 Q 2006?

7 A I believe that's where we are in terms of

8 chronology, yeah.

9 Q And you opened it up in '96?

10 A My wife -- not '96. We're at 2006 now.

11 Q 2006?

12 A Yeah. My wife actually opened Nile.

13 Either the end of 2006 or the very beginning of

14 2007. I'm not sure.

15 Q Were you part of the opening? Did you --

16 were you involved at all?

17 A Minimally involved, initially. Just

18 because I was busy with other things; so I would

19 help out.

20 Q And what was -- were you an owner when it

21 started?

22 A I believe so.

23 Q Okay. Were there any other owners -- was

24 your wife an owner?

25 A Yes.

1 Q Any owners besides you and your wife?

2 A No.

3 Q Did you guys incorporate?

4 A I believe we did.

5 Q All right. And have there ever -- in the

6 history of Nile have there ever been any owners

7 besides you and your wife?

8 A Never.

9 Q The -- does Nile have directors?

10 A I'm sure we do if we have a corporation.

11 It would have been myself. I'm not sure what the

12 minimum number of directors would have been.

13 Q Who are the officers and directors of

14 Nile?

15 A Myself and my wife, I'm sure.

16 Q What office do you hold there?

17 A I'm not sure. I don't even recall. My

18 wife set the paperwork up.

19 Q Has there ever been anybody at the officer

20 level, other than you and your wife?

21 A Never.

22 Q Okay. So when Nile first started in '06

23 what was it doing?

24 A Colon therapy.

25 Q Okay.

1 **A Colon cleansing.**

2 Q And just so I can get my timeline
3 straight, when did you actually start becoming
4 actively involved at Nile?

5 **A '07 at some point. Maybe the spring.**
6 **Spring, I think, '07.**

7 Q Did you ever practice clinical hypnosis?

8 **A I still do.**

9 Q Is it part of what Nile offers? I didn't
10 see it on the Web site.

11 **A If you look at the Web site you would have**
12 **seen references to mind-body interactions.**

13 Q Okay.

14 **A I'm not sure if you -- I'm not sure if you**
15 **saw that on the site.**

16 Q When it refers to mind-body interactions
17 that's the --

18 **A Health coaching, mind-body interactions.**

19 Q Is hypnosis involved in that?

20 **A Nontrance state hypnosis, yeah.**

21 Q Aside from what you've done at Nile, have
22 you ever done any hypnosis work other than that?

23 **A Right. Everything I've done in coaching**
24 **has involved hypnotherapy.**

25 Q Do you have a separate business where you

1 do your coaching work or is that through Nile?

2 **A Everything's through Nile now.**

3 Q Okay. So when Nile -- when your wife
4 first started Nile in 2006 or so what all services
5 was she offering?

6 **A Initially, just the colon cleansing.**

7 Q And how did she become qualified to do
8 that?

9 **A She went through a 100-hour training**
10 **course, which is the standard training course for**
11 **colon therapy.**

12 Q Okay. What organization gave her that
13 training course?

14 **A The Awareness Institute.**

15 Q And where did she take that coursework?

16 **A Here in Atlanta.**

17 Q Is that organization located here in
18 Atlanta?

19 **A Yeah.**

20 Q Okay. Was it in-person coursework?

21 **A Uh-huh.**

22 Q It was?

23 **A Yes.**

24 Q Did she obtain a certification from them?

25 **A She obtained a certificate of completion,**

1 **I believe, yes.**

2 Q Do you know if she's certified through an
3 organization called IACT?

4 A **She was, yes.**

5 Q Okay. And you used the past tense. What
6 happened to that certification?

7 A **I'm not sure if she still has the**
8 **certification.**

9 Q Any other certifications that she's
10 obtained?

11 A **In that area?**

12 Q Yes.

13 A **Not to my knowledge.**

14 Q I understand that IACT has different
15 levels of certification. Do you know what level --

16 A **Foundation level.**

17 Q That's the entry level; correct?

18 A **Right.**

19 Q I'm jumping ahead of myself a little bit
20 here. But did you obtain any -- go through any
21 training or coursework with the American -- the
22 Awareness Institute?

23 A **No, I didn't.**

24 Q Have you attended any IACT training
25 coursework?

1 A I did the exact same coursework that she
2 did through IACT, same training material, same test,
3 everything that she did.

4 Q Did you obtain the foundation level
5 certification from them?

6 A Not from them, no.

7 Q Who did you do -- you say you did it. Who
8 did you do it through?

9 A The way it works in colon therapy is that
10 in the United States there's not -- there's not even
11 the requirement that to practice this for a living
12 that you go through any certification.

13 Now, anybody who has had a person on staff
14 who's gone through certification can offer the
15 training. I went through the training at the Nile
16 Wellness Center; the same exact training that she
17 went through, same testing, same on-hand
18 requirements, everything, same anatomy and
19 physiology, same exact requirements.

20 Q When did you do that?

21 A '07.

22 Q And so you would just use her -- the
23 material that she had to --

24 A That's what most people do, yes.

25 Q And that's what you did?

1 A Yes, correct.

2 Q And you said you went through on-hand
3 training, what was that?

4 A Right. IACT, IACH, GPACT -- the three
5 professional organizations -- have the same training
6 guidelines. It's usually 100 hours, a combination
7 of practical hands-on work, how to operate the
8 device, how to actually do the training, how to
9 actually walk people on the devices, with Class I
10 devices, that is. That in combination with
11 digestive anatomy, physiology, government
12 regulations, sanitation, just basic things.

13 Q Do you still have a copy of the written
14 course material that you studied?

15 A Uh-huh, I'm sure.

16 Q Okay.

17 A It's the same material, same exact
18 material that I would have used at the Awareness
19 Institute.

20 Q Just to be clear, you are not and have
21 never been certified by IACT at any level?

22 A Not by IACT, but through IACH I have.
23 Again, there are three professional organizations
24 that actually certify people. At the foundation
25 level you take a -- you get a certificate of

1 completion. If you want to certify, which is not
2 mandatory or obligated by any -- by the State of
3 Georgia or any federal authority, you can get a
4 certification.

5 Q What certification do you have?

6 A Foundation level.

7 Q From?

8 A IACH.

9 Q What year did you obtain that?

10 A It would have been '09.

11 Q Why did you choose to go with IACH instead
12 of IACT?

13 A IACT at that point was a Class II biased
14 organization. They had an interest in promoting
15 Class II devices.

16 The reason why I was interested in Class I
17 devices is because it's a home enema kit. It
18 doesn't require that you have an M.D. on staff. It
19 doesn't require that doctor's prescription for it.
20 That's the FDA guidelines.

21 Q So has Nile ever used Class II devices --

22 A Never.

23 Q -- at its facility?

24 A Never, ever.

25 Q What type of devices does Nile use?

1 **A Class I Colenz device.**

2 Q And let's circle back to that just a
3 second. I think we touched on this.

4 Have you ever had any sort of title at
5 Nile? President? Vice president?

6 **A Clinical director is the title.**

7 Q And does your wife have a title?

8 **A Founder.**

9 Q Okay. Have both of you guys pretty much
10 worked full-time at Nile since it was founded?

11 **A She worked full-time for a brief period.**
12 **And then in '07 at some point I began to work**
13 **full-time from that point going forward.**

14 Q What did she do?

15 **A She does marketing. She does other**
16 **things.**

17 Q Are you paid by Nile?

18 **A Yes.**

19 Q Okay. What is your salary?

20 **A It -- like any small business it varies.**
21 **I'm not sure. I may make \$15,000 one year; I may**
22 **make less another year.**

23 Q Okay. Is it just basically distribute the
24 profits as they're made?

25 **A I wouldn't say that. The accountant does**

1 all the paperwork.

2 Q Who is your accountant?

3 A Sheila. Her last name will come to me in
4 a moment.

5 Q Has she been your accountant for some
6 time?

7 A Frida actually has been our accountant for
8 some time.

9 Q Who is Sheila?

10 A Sheila, I think, is her assistant. Frida
11 is the head lady.

12 Q Are they part of an accounting firm?

13 A She's a CPA.

14 Q Where is she located? I understand you're
15 having a hard time recalling her last name.

16 A College Park, I believe.

17 Q Any other accountants that Nile has used?

18 A No.

19 Q All right. Tell me about -- I know
20 it's -- any other employees that Nile has ever had?

21 A Up until -- up until May of '13 we had
22 Mr. Vargas, who wasn't an employee. He was 1099.
23 Not employee, but 1099 arrangement contractor. He
24 was the cleaner. He would prep the machines, turn
25 the machines around, and do some other maintenance

1 things in the office.

2 Q He left in May of 2013?

3 A Correct.

4 Q Why did he leave?

5 A His job performance had fallen off.

6 Q Okay.

7 A Yeah. It's a tough job.

8 Q So you had to terminate him?

9 A Yes, sir.

10 Q What was he doing wrong?

11 A He wasn't coming to work on time.

12 Q And do you know where he lives?

13 A He lives here in Atlanta. Off of
14 Clairmont Road, I believe.

15 Q So from when to when did he work for Nile?

16 A He worked there for probably
17 two-and-a-half to three years, I think.

18 Q Any other employees besides him?

19 A We've never had employees. We've had
20 contract people that were with us. There was
21 Miss Green who was an intern. She worked for a
22 brief time, I think, in '010. Maybe '10 through --
23 '9 through '10. And we had another intern,
24 Miss Banks, who was there before we moved, which was
25 in '12, I think. And she was there for, I think,

1 **maybe '9 to '10 also.**

2 Q Okay. So she wasn't there in 2012?

3 A **No.**

4 Q Okay. What did the interns do?

5 A **They were both medical assistants; so they**
6 **would just do the intake paperwork. If I was tied**
7 **up with something they would make sure people were**
8 **comfortable, walk people on and off.**

9 Q Give me a breakdown of what percentage of
10 Nile's business is colon hydrotherapy?

11 A **Presently?**

12 Q Yes.

13 A **I'd say the overwhelming majority.**

14 Q Over 90 percent?

15 A **80, 90, yeah.**

16 Q How many colonics do y'all do a year?

17 A **It varies. But we've done -- since I've**
18 **been there full-time from '07 through the end of**
19 **'13 -- approximately 20,000.**

20 Q Total?

21 A **Total.**

22 Q Okay. Are there different types of
23 colonics that you guys offer or is it pretty much --

24 A **It's just one. It's Class I device, enema**
25 **home kit. FDA approved Class I device.**

1 Q Have y'all always used the Colenz device?

2 A **Always, exclusively.**

3 Q Have you used different types of Colenz

4 devices or has it always been --

5 A **It's always been the same one. I think**

6 **they only offer that one device.**

7 Q How many -- when you first opened, how

8 many Colenz devices did you have?

9 A **One.**

10 Q How many -- what's the most you guys have

11 ever had?

12 A **Six.**

13 Q When is the last time you bought a new

14 one?

15 A **That's a great question. I'm not sure.**

16 Q Do you have six in operation right now?

17 A **Yes.**

18 Q Do you guys buy them directly from Colenz?

19 A **We have purchased directly from Colenz,**

20 **yes.**

21 Q That makes me think you may have also

22 acquired them via other means?

23 A **We have, yeah.**

24 Q What are the other ways you've bought

25 them?

1 A What happens is it's a fairly small
2 community. People aren't -- if they want to sell a
3 device, they will put it on networks where people
4 know people that do this professionally and say, I
5 have a device for sale, or people will actually call
6 you directly.

7 Q So the six that you've got, how many did
8 you buy new from the manufacturer?

9 A You know, I'm not sure. Perhaps three.
10 Perhaps three.

11 Q And do you recall who you bought the other
12 three from?

13 A I know one or two were purchased from Alma
14 Bolden.

15 Q And who is Alma?

16 A Alma Bolden was the owner and operator of
17 the Awareness Institute. She had a teaching
18 facility here in town.

19 Q Why was she getting rid of her --

20 A She was no longer in the business.

21 Q Do you know why she decided to get out of
22 the business?

23 A She had been in business over, I think, 20
24 years, a long, long time.

25 Q Do you recall what you paid her for those

1 machines?

2 **A I don't recall.**

3 Q Anybody else that you recall buying them
4 from?

5 **A I can't recall at this moment.**

6 Q Mr. Imani, does Nile keep its bank
7 accounts separate from you and Miss Imani's personal
8 bank accounts?

9 **A Right. There's a Nile operating account.**

10 Q Who does Nile bank with?

11 **A Chase.**

12 Q And who has authority to write checks on
13 that Nile account?

14 **A Both myself and my wife.**

15 Q Anybody else?

16 **A No.**

17 Q Have you ever used the Nile account to
18 fund personal expenses?

19 **A I don't believe I have, but I'm not sure.**

20 Q Have you ever borrowed any money from
21 Nile?

22 **A No.**

23 Q Have you ever lent any money to Nile?

24 **A No, not to my knowledge.**

25 Q Does Nile file its own tax returns?

1 **A Yes.**

2 Q Do the accountants that you mentioned
3 earlier prepare those for you?

4 **A Right.**

5 Q What -- is Nile just a basic corporation?
6 Is that the form of entity that it is?

7 **A Yes.**

8 Q Has Nile been generally a profitable
9 business for you?

10 **A Nile has been a typical small business**
11 **where you ride the wave, up and down, up and down.**
12 **We're still in business now.**

13 Q Does -- I know Richard is here
14 representing you today. Does Nile have its own
15 counsel, aside from Richard? Like a general
16 counsel. A lawyer that you go to -- your regular
17 lawyer versus --

18 **A Outside of this instance?**

19 Q Right.

20 **A We've used Mr. Breedlove for lease -- to**
21 **review leases.**

22 Q Where is Nile located?

23 **A Nile is located at 3805 Presidential**
24 **Parkway.**

25 Q Is that where it's been located since

1 inception?

2 **A No, sir.**

3 Q Where was it originally located?

4 **A 3781 Presidential Parkway.**

5 Q Why did you make the long move?

6 **A We needed more space. It was cramped. We**
7 **had -- as we brought more machines in we were really**
8 **creative, in terms of knocking a wall out, but we**
9 **just ran out of space.**

10 Q Do you own that property or do you lease
11 it?

12 **A Lease it.**

13 Q Okay. The colon hydrotherapy, it's an
14 invasive procedure, isn't it?

15 **A I wouldn't say that.**

16 Q It involves sticking an instrument in
17 somebody's rectum?

18 **A Yes, that's correct.**

19 Q That's invading a part of the body;
20 correct?

21 **A Correct.**

22 Q Would you agree with me that it is
23 invasive at least in that respect?

24 **A Just like brushing your teeth or having an**
25 **enema at home, yes, sir.**

1 Q There's a distinction between brushing
2 your teeth and having an enema.

3 A Having an enema at home might be a better
4 example, yes.

5 Q Is it fair to say most of the people that
6 come in to you for colon hydrotherapy are suffering
7 from constipation?

8 A That's correct.

9 Q And you would agree that sometimes
10 constipation can be a symptom of a more serious
11 medical condition?

12 A Yes.

13 Q What insurance does Nile maintain to
14 protect it from any claims or customers that are
15 injured by colon hydrotherapy?

16 A We have a general professional liability
17 insurance policy, which I hope you have had access
18 to.

19 Q That covers you individually, but Nile is
20 not an insured under that; is that correct?

21 A I'm not sure. Again, I'm not an insurance
22 professional.

23 Q The only policy you have is the one that
24 you produced to us in this case?

25 A That's correct, yes, sir.

1 Q Tell me -- you said colonics was the
2 overwhelming majority of what Nile offers. What
3 other services does Nile offer?

4 A We offer weight loss services. We have
5 health coaching services and we offer nutritional
6 testing.

7 Q Does Nile have a Web site?

8 A Yes.

9 Q And do you use that Web site to market
10 your service to prospective consumers?

11 A We use the Web site to have an online
12 presence, yes, sir.

13 Q So you do use it for marketing purposes?

14 A Sure.

15 Q Is the address www.nilewellnesscenter.com?

16 A That's correct.

17 Q Has that always been your Web site
18 address?

19 A Yes, sir.

20 Q Who maintains that Web site for you?

21 A We do.

22 Q When you say we, it's you and Mrs. Imani?

23 A Right.

24 Q Do you have any sort of offsite service or
25 anything like that?

1 A We never have. Initially, we had intended
2 to, but it didn't work out because we couldn't find
3 the webmaster; so we were forced to kind of do our
4 own.

5 Q So you created your own site?

6 A Uh-huh.

7 Q I'm not a technological expert, but I
8 think you go through some sort of company or
9 organization to do that.

10 A You mean to host?

11 Q Right.

12 A GoDaddy. GoDaddy hosts the site. We
13 actually created the site. GoDaddy would host the
14 site.

15 Q Who is responsible for the content of the
16 Web site?

17 A I am.

18 Q Okay. Now, when you want to modify
19 content on the Web site, how do you do it?

20 A You just simply go through an editing
21 button on the program and make the changes that you
22 want.

23 Q Okay. Do you keep track of the changes
24 you've made over the years?

25 A No.

1 Q Okay.

2 A There's no way to keep track of that
3 because as a small business you might change the Web
4 site 20 times in one week.

5 Q Okay. To your knowledge, you would have
6 no way of going back and determining what was on the
7 Web site in, say, 2008 versus 2010?

8 A No, would not.

9 Q I want to be thorough with this question
10 because it's important to me.

11 A Sure.

12 Q Do you keep any notes about that or
13 anything like that?

14 A No. Again, just yesterday we made changes
15 to the Web site three times. You're changing so
16 often that -- I wouldn't keep notes, no.

17 Q Did you make any changes to the Web site
18 as a result of the allegations that Mr. [REDACTED] has
19 made in this lawsuit?

20 A None.

21 Q Mr. Imani, I'm looking at a copy of your
22 CV that you produced to us. It refers to you as a
23 digestive care expert. That's actually been on the
24 Web site as well, hasn't it?

25 A Yeah.

1 Q Tell me what qualifies you to be a
2 digestive care expert.

3 A I think any colon therapist who has gone
4 through the initial training program considers
5 themselves an expert in digestive care, natural
6 alternatives to digestive care.

7 Q Anything else besides that?

8 A That would qualify me to consider myself
9 an expert?

10 Q Right.

11 A I think, you know, I've done, again, over
12 20,000 colon cleanses. I have taken 16 additional
13 courses in digestive care areas.

14 Q When you talk about the 20,000 colon
15 cleanses, that's approximately how many Nile has
16 done?

17 A Yes, sir.

18 Q My understanding is you're not actually
19 involved in administering the procedure; is that
20 correct?

21 A Right. Self-administered, but you are
22 there in the process, right.

23 Q What do you mean by there in the process?

24 A People come in, you have a conversation,
25 you walk them through the process, walking them on,

1 walking them off, offering them direction. If they
2 need assistance, you're there to support them and
3 provide assistance, to the extent that you can.
4 It's a self-administered process on Class I devices,
5 though.

6 Q And you said the Class I device is a home
7 enema device. Is that what you said?

8 A Yes, sir. The FDA regulates that or
9 classifies it as a professional enema device.

10 Q It's a professional enema device, not a
11 home enema device?

12 A You can use it in your home.

13 Q I understand Colenz offers several types
14 of equipment. One is home and one is professional?

15 A One is a Colema board and then you have --
16 they only offer one device, the one we use.

17 Q That's the professional Class I enema
18 device?

19 A It's used by professionals who do colon
20 cleansing, yes. But you can use that same device in
21 your home.

22 Q You've called it an enema device. I
23 notice your Web site has never referred to it as an
24 enema. Why don't you call it an enema if that's
25 what it is?

1 A I'm not sure what it's referred to on the
2 Web site.

3 Q The Web site refers to it as colon
4 hydrotherapy or colonic, et cetera. My question to
5 you is why do you call it that on the Web site if
6 it's really an enema.

7 MR. SHEINIS: Object to the form.

8 You can go ahead, Doctor.

9 A My point is we're talking about the
10 process on the Web site. People are interested in
11 the process, what the process is. You asked me
12 about the device. That's a distinction I was
13 making.

14 BY MR. HARLEY:

15 Q What's the difference between what Nile
16 offers and an enema that somebody could go and pick
17 up at the drugstore?

18 A It's just a larger version of the same
19 thing.

20 Q You don't say that on the Web site,
21 though, do you?

22 MR. SHEINIS: Object to the form.

23 A I'm not sure what's -- again, I --

24 BY MR. HARLEY:

25 Q You're sure that you don't, on the Web

1 site, describe what y'all do as a larger version --

2 **A I'm talking about the process on the Web**
3 **site.**

4 Q To your knowledge, the word enema has
5 never been used on the Web site?

6 **A I'm not sure if it has or hasn't.**

7 Q To your knowledge, you've never described
8 what Nile offers as a larger version of what
9 somebody could buy at a drugstore?

10 MR. SHEINIS: Object to the form.

11 **A I'm not sure if I ever have described it**
12 **that way.**

13 BY MR. HARLEY:

14 Q Why don't you use the word enema on the
15 Web site if that's really what it is?

16 **A I'm not sure that I don't.**

17 Q Assume for me -- because in preparation
18 for this deposition I've spent quite a bit of time
19 on your Web site. Assume for the word enema is not
20 used, in terms of describing what Nile does. I take
21 it since you -- you're the one that puts the content
22 on there; you're the one that would describe it.
23 Why wouldn't you describe it as an enema if that's
24 really what it is?

25 **A What I'm saying to you, Counsel, is I'm**

1 not sure that it hasn't been described that way, as
2 a home enema kit device, on the site. I'm not sure
3 that it hasn't been in the past. I'm not sure. It
4 may not be now, but I'm not sure that it hasn't been
5 in the past.

6 Q Okay. Let's say that it is not right now.
7 You acknowledge that it may not be. Assume for me
8 that it is not described as an enema. Why wouldn't
9 you describe it as an enema if that's really what it
10 is?

11 MR. SHEINIS: Object to the form.

12 You can go ahead.

13 A Okay. Usually you're taking the
14 description of the device that's consistent with the
15 FDA language. The Web site probably would closely
16 reflect what the FDA approval has -- how it's
17 registered as a Class I professional enema device.

18 BY MR. HARLEY:

19 Q What is the difference between what Nile
20 offers as colon hydrotherapy and the type of enema
21 that a person would be able to purchase at a
22 drugstore?

23 A Obviously, it would be a different
24 setting. It would be set in a facility, for the
25 most part. Again, there are people, I'm sure, that

1 own these devices in their home. The difference
2 would be the -- probably the capacity of liquid.

3 Q Larger volume of water?

4 A Yeah.

5 Q Do you have -- on the devices that Nile
6 uses does the customer have the ability to regulate
7 water pressure?

8 A No. The pressure's constant.

9 Q What is the pressure?

10 A I believe it's between 1.3 or 2.2 psi.
11 The manufacturer could verify that.

12 Q How about temperature? Does a patient at
13 Nile have the ability to regulate temperature?

14 A No. Temperature is set by a dial on the
15 back of the device.

16 Q How about the -- have you ever gone and
17 bought an enema kit from a drugstore?

18 A Yes.

19 Q What's -- how about the type of whatever
20 is used for insertion versus the drugstore kit and
21 what's used at Nile?

22 A The nozzle tip -- the rectal nozzle is a
23 little bit smaller in diameter than what you would
24 get with a Fleet enema. In terms of length of
25 insertion, the length would be a little bit shorter

1 than what the -- approximately the same, but a
2 little bit shorter, I beleive, than what you would
3 get with the Fleet enema.

4 Q What are the disposable parts of the
5 equipment?

6 A **The rectal nozzle.**

7 Q Also known as a speculum?

8 A **That's correct, yes.**

9 Q The rectal nozzle and speculum are
10 synonymous?

11 A **Same thing, yes.**

12 Q Where do you get your speculums from?

13 A **From Colenz in Utah.**

14 Q They ship them directly to you?

15 A **Yes.**

16 Q Have you ever gotten speculums from any
17 other source?

18 A **They're the only source that provides the
19 speculums because they have a patent on those. The
20 only other place we've gotten them from is when we
21 purchased the machine from Alma Bolden, because she
22 taught -- she had maybe 2,000 speculums, which she
23 had purchased also from Colenz.**

24 Q Okay. So your testimony is you've never
25 used anything other than a Colenz speculum at Nile?

1 A That's correct. Nothing else is designed
2 for that device.

3 Q Has it always been the exact same type of
4 speculum?

5 A Yes.

6 Q Describe the speculum to me.

7 A It's just a small piece of pliable,
8 flexible plastic with two sets of drilled holes at
9 the very end of the piece that allows water into a
10 person's body.

11 Q When the person is there do they have any
12 sort of control over what's going on?

13 A Yes.

14 Q Other than simply lifting themselves off
15 the machine?

16 A Yes, they do.

17 Q Tell me what control they have.

18 A There's a valve which controls the water
19 from the device into the person's body that the
20 person has physically available to them, where they
21 could stop the water, start the water, stop the
22 water, as they see fit.

23 Q Is it either on/off or do they have the
24 ability to regulate pressure?

25 A It's on/off. It's a 180 valve. If you go

1 pretty much past on it's off; so it's either on or
2 off.

3 Q Okay. Just to be clear, do they have the
4 ability if they want a little more pressure to try
5 to crank it up or crank it down?

6 A No, sir. I believe it's on or off.
7 That's been my experience.

8 (Plaintiff's Exhibit 1 marked.)

9 BY MR. HARLEY:

10 Q I want to show you what we have marked as
11 Exhibit 1. Mr. Imani, I will represent to you that
12 these are excerpts that Mr. [REDACTED] cut and pasted from
13 your Web site in 2012. I would love to actually
14 have the physical copies from you as to what was on
15 there in 2012, but according to what you've said
16 today it's impossible for you to do that. And we
17 asked you for it in discovery and you were -- you
18 either were unable or didn't provide it.

19 I guess the first thing I'm going to ask
20 you to do is to read through what we've -- this
21 exhibit, Exhibit 1, and it bears Bates numbers at
22 the bottom right, K1 through K21. And that's just a
23 designation that shows that this is something
24 produced by us in this case.

25 I'd just ask you to read through the

1 document and tell me that you would agree that these
2 were, indeed, excerpts from language that was
3 included on your Web site, at least at one point in
4 time.

5 MR. SHEINIS: This might take a little
6 bit. You want him to read the entire thing?

7 MR. HARLEY: Maybe just scan it. And if
8 he can give me a general answer and I will
9 certainly -- as we go through it, if he wants to,
10 you know, specifically talk about anything. I guess
11 what I'm really asking, Richard, is he going to
12 dispute that this stuff actually -- whether it did
13 or didn't come from his Web site.

14 MR. SHEINIS: Sure. I understand. I'm
15 glad to have him do that. I just didn't know
16 timewise what you were trying to do, if there were
17 particular sections, or if you wanted him to read
18 the whole thing.

19 MR. HARLEY: I don't want him to sit here
20 and read 21 pages right now. If he's willing to do
21 it, there's a lot of different ways we can
22 accomplish this.

23 If he's willing to do it, if he can just
24 skim through it now. And I will reserve any
25 objections you want. But if he can just tell me,

1 generally speaking, yes, this does look like
2 excerpts from material that was contained on my Web
3 site during 2012.

4 MR. SHEINIS: That's fine, with the
5 understanding that I think you've expressed it's
6 more of a skimming without saying, yes, every word
7 is correct type of thing.

8 MR. HARLEY: Absolutely.

9 A Okay.

10 BY MR. HARLEY:

11 Q Does it, indeed, appear to you to be
12 excerpts taken from --

13 A Parts are more familiar than others, yes.

14 Q Okay. I'll tell you what, if we get to
15 anything that you do not believe was on your Web
16 site, I certainly would appreciate you asking me --
17 telling me about that.

18 MR. SHEINIS: As you ask about specific
19 sections, you mean?

20 MR. HARLEY: Right.

21 BY MR. HARLEY:

22 Q Mr. Imani, do you believe that the
23 statements that you put on your Web site are true?

24 A Yes.

25 Q Okay. And you put those statements on the

1 Web site so people can learn more about what Nile
2 Wellness Center does and the services it offers?

3 **A Right. To educate people, yes.**

4 Q And you would think -- you would certainly
5 agree that it would be reasonable for people to rely
6 on what you put on the Web site?

7 **A Yes.**

8 Q Going to the very first paragraph here,
9 you state -- on the very top of Page K001, it says:
10 Colon hydrotherapy is the safe, gentle infusion of
11 purified water into the colon, without the use of
12 drugs, surgery, or chemicals.

13 You don't dispute that the statement was
14 on Nile's Web site at one point in time?

15 **A No.**

16 Q Was this statement something you
17 originally drafted or did you pull it from another
18 source?

19 **A I'm not sure.**

20 Q Okay. You would acknowledge you're
21 telling prospective customers that the process is
22 safe?

23 **A Yes.**

24 Q And it says it's purified water. How does
25 Nile purify the water that it uses?

1 A There's a purification unit that's sold
2 with each of the units. We have a unit in the
3 facility that runs the water through a UV filter, a
4 charcoal filter, and a sediment filter.

5 Q Nile calls what it does colon
6 hydrotherapy; correct?

7 A Colon cleansing, colon hydrotherapy.

8 Q You've certainly used the term colon
9 hydrotherapy?

10 A Yeah.

11 Q Tell me what colon hydrotherapy is.

12 A Colon hydrotherapy is exactly what's here.
13 It's a slow, gentle infusion of water into the
14 colon, large intestine, with the attempt to break up
15 accumulated waste material and release that matter
16 from the colon.

17 Q Actually, you said it's exactly what's
18 described here. I want to see if you agree with me.
19 If you go on down on Page 1 there's an excerpt that
20 says: What is colonic hydrotherapy?

21 And the answer is: Also known as a
22 colonic, colon lavage, colonic irrigation, or high
23 colonic. Colon hydrotherapy is a safe, effective
24 method for cleansing the colon of waste material by
25 repeated gentle flushing with the water.

1 Was this statement on your Web site as
2 well?

3 **A I'm pretty sure it was, yes.**

4 Q So in your view colon hydrotherapy can be
5 used synonymously with colonic, colon lavage,
6 colonic irrigation, or high colonic?

7 **A The public interchanges those.**

8 Q I take it you do as well, since you say it
9 in the Web site, also known as.

10 **A Right, because that's people's point of**
11 **reference, yes.**

12 Q Is this statement still on your Web site
13 today?

14 **A I'm not sure.**

15 Q All right. Again, in this statement
16 you're representing to members of the public that
17 colonic hydrotherapy is safe?

18 **A Yes.**

19 Q Now, I want to go down to the statement
20 about -- I'm actually going to have you read it.
21 You don't need to read it out loud, but it says, at
22 the very bottom of Page K1: What is the purpose of
23 having a colonic.

24 And then you give an answer there. And
25 you don't dispute that this material was on your Web

1 site at least at one point in time?

2 **A Yes.**

3 Q Okay. Under the heading of what is the
4 purpose of having a colonic you reference getting
5 rid of some material. And then, I quote, it says:
6 This material is quite toxic or poisonous. These
7 poisons can re-enter and circulate in the
8 bloodstream, making us feel ill.

9 Did I read that correctly?

10 **A You did.**

11 Q What's the basis for Nile for putting that
12 statement on its Web site?

13 **A The basis for that is the fact that**
14 **there's a syndrome called leaky gut syndrome that**
15 **will allow things to re-enter the bloodstream based**
16 **on the condition of the colon.**

17 Q Where could I read about leaky gut
18 syndrome in a medical journal?

19 **A You can Google, you can go to Medline, you**
20 **can go to PubMed, any major medical syndrome, put in**
21 **leaky gut syndrome, malabsorption.**

22 Q I understand there's some differences of
23 opinion between what you do and maybe the
24 traditional medical community. To your knowledge,
25 does the traditional medical community recognize

1 leaky gut syndrome as a condition?

2 **A** **A portion of the medical community would,**
3 **yes.**

4 **Q** Is there -- I take it by your answer
5 there's a portion that doesn't believe that
6 that's --

7 **A** **Yes, sir.**

8 **Q** Do you agree, as you've stated here, that
9 there are materials in the colon that are toxic and
10 poisonous?

11 **A** **Yes, sir.**

12 **Q** And you agree that if those poisons escape
13 into the bloodstream it can have serious medical
14 consequences?

15 MR. SHEINIS: Object to the form.

16 You can go ahead.

17 **A** **Yes, sir.**

18 BY MR. HARLEY:

19 **Q** One of the ways those toxins and poisons
20 can enter into the bloodstream is a colon
21 perforation; correct?

22 **A** **Yes, sir.**

23 **Q** And a perforation can occur in colon
24 hydrotherapy; correct?

25 **A** **Yes, sir.**

1 Q So you would agree with me that colon
2 hydrotherapy is not absolutely safe?

3 MR. SHEINIS: Object to the form.

4 You can go ahead.

5 **A I would disagree with that, yes, sir.**

6 BY MR. HARLEY:

7 Q If perforation can occur as a result of
8 colon hydrotherapy, as you've admitted, and you've
9 acknowledged that that can cause poisons to escape
10 into the body, how can it be absolutely safe?

11 **A Well, again, based on my experience of**
12 **having 20,000 of these go through -- again, it's --**
13 **any medical procedure that any of us enter into is**
14 **not 100 percent risk free. But if we're defining**
15 **safety as the fact that in 20,000 of these it's a**
16 **safe, simple, very easy procedure. I would tend to**
17 **not agree with you on that.**

18 Q What does the term absolutely mean to you?

19 **A 100 percent.**

20 Q It's not 100 percent safe?

21 **A Nothing is, no sir.**

22 Q Neither is colon hydrotherapy?

23 **A Nothing is, no, sir.**

24 Q Okay.

25 **A No medical procedure is.**

1 Q Mr. Imani, you don't dispute that Mr. [REDACTED]
2 suffered a perforated colon as a result of
3 undergoing colon hydrotherapy at Nile?

4 MR. SHEINIS: Object to the form.

5 **A I'm not a medical doctor. I wouldn't be**
6 **able to make that assessment.**

7 BY MR. HARLEY:

8 Q You certainly are -- you would admit it's
9 possible?

10 MR. SHEINIS: Object to the form.

11 **A Yeah.**

12 BY MR. HARLEY:

13 Q Is that a yes?

14 **A Yes, sir.**

15 Q Okay. Did you read the medical records
16 that Mr. [REDACTED] produced in this case?

17 **A No, sir.**

18 Q Okay. Well, I will represent to you that
19 a physician at Piedmont Hospital in the medical
20 records diagnosed him with a perforated colon the
21 evening of the same day that he underwent colon
22 hydrotherapy at your facility.

23 You would agree with me that there is at
24 least a possibility that he suffered a perforated
25 colon at Nile Wellness Center?

1 MR. SHEINIS: Object to the form.

2 You can go ahead.

3 A Sure. Anything's possible, yes, sir.

4 BY MR. HARLEY:

5 Q Mr. Imani, how could you have not modified
6 your Web site to say that this thing is absolutely
7 safe when you've got a patient that you acknowledge
8 it's at least a possibility that he perforated the
9 colon at your facility?

10 MR. SHEINIS: Object to the form.
11 Argumentative. You're going on your definition and
12 Dr. Imani has explained his definition.

13 MR. HARLEY: His definition is 100
14 percent. His definition of absolute means 100
15 percent. It's not a 100 percent. I'm asking him
16 how he continues to represent it as absolutely safe
17 after what happened to Mr. [REDACTED].

18 MR. SHEINIS: Maintain the objection.
19 You can go ahead.

20 A Again, I'm not a medical doctor. I'm not
21 sure anything about the diagnosis for Mr. [REDACTED].

22 I do say, again, in 20,000 of these I've
23 never seen it to be -- to turn out this way, as
24 you've represented.

25 BY MR. HARLEY:

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Excerpts from Nile Wellness Center Website

Understanding the Colonic Process and Its Importance to our Overall Health (Under "Colon Cleansing- Click Here to Download- Understanding..)

Colon hydrotherapy is the safe, gentle infusion of purified water into the colon, without the use of drugs or surgery or chemicals. It is a natural solution to disease conditions that interfere with the normal functions of the healthy colon.

Why is colon hydrotherapy such a valuable natural health tool?

A healthy colon is essential for a healthy body. Conventional diets of today comprised of refined, processed foods, high in saturated fats and low in natural fiber, lay the foundation for intestinal disturbances and constipation. The elimination of undigested food and other waste products are as important as the proper digestion and assimilation of food stuffs. Waste materials, allowed to remain too long in the digestive system results in fermentation and putrefaction of these substances and subsequently the proliferation of bacterial and their toxins.

Colon hydrotherapy effectively removes stagnant fecal material from colon walls, preventing the build-up of these bacterial toxins, resulting in a reduced load on the liver and other vital organs. In addition, the treatment removes mucous, gas, parasites, and cellular debris facilitating peristaltic action and better absorption of nutrients. Intestinal toxemia may further result in conditions such as headaches, allergies, irritability, and malnutrition and can potentially lead to an overall lowering of the individual's immune defense system and mental attitude. This natural cleaning process effectively removes the symptoms directly and indirectly related to dysfunction of the large intestine.

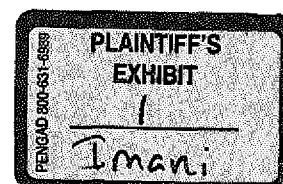
What is colonic hydrotherapy?

Also, known as a "colonic," "colon lavage," "colonic irrigation," or "high colonic" colon hydrotherapy is a safe, effective method for cleansing the colon of waste material by repeated, gentle flushing with water

What is the colon?

The colon, or large intestine, is the end portion of the human digestive tract (food carrying passageway extending from the mouth to the anus). The colon is approximately 5.5 to 6 feet and 2.5 to 3 inches in diameter. Its major function are to eliminate waste and to conserve water. Also, there are bacteria living in the colon which synthesize valuable nutrients such as vitamins K and portions of the vitamin B complex.

What is the purpose of having a colonic?



Waste material, especially that which has remained in the colon for some time (i.e., impacted feces, dead cellular tissue, accumulated mucous, parasites, worms, etc.), poses several problems. First this material is quite toxic or poisonous. These poisons can re-enter and circulate in the blood stream making us feel ill, tired or weak. Second, impacted materials impair the colon's ability to assimilate minerals and bacteria-produced vitamins. And finally, a buildup of material on the colon wall can inhibit muscular action causing sluggish bowel movements, constipation, and the result of these disorders.

How can I tell if I have toxic material in my colon?

This condition is prevalent in all civilized societies, and particularly in United States. Common signs include: headaches, backaches, constipation, fatigue, bad breath, body odor, irritability, confusion, skin problems, abdominal gas, bloating, diarrhea, sciatic pain, and so forth. As you can see intestinal toxicity is part and parcel of many peoples everyday experience.

It sounds to me as though intestinal toxicity is a common condition?

Yes it is, but toxicity is not limited to just the colon. Toxic material is found throughout the body, particularly in fat tissue, joints, arteries, muscles, liver, etc. Colonics effectively eliminate large quantities of toxic waste, affecting the condition of the entire body

But the colon isn't the only organ of elimination, what makes the colonic so important?

While the lungs, skin, kidneys and liver also serve to eliminate toxins, people have experienced throughout history that when they ensure that the colon is cleansed and healed, the well-being of the whole body is greatly enhanced. Colonic hydrotherapy has been found to be the most effective process available to accomplish this work quickly and easily.

Okay, it appears to be important to cleanse the colon, but why not use enemas, suppositories or laxatives instead?

Well, everything has its proper place, but those things really aren't substitutes for colonics. Enemas are useful for emptying the rectum (the lowest 4 to 7 inches of the colon). Usually, one or two pints of water are used to do that. Suppositories are intended to accomplish the same task. Laxatives particularly herbal laxatives, are formulated for various purposes, such as: to undo the effects of temporary constipation, to build up the tone of the colon muscle, etc.

But the Rolls Royce of colon cleansing without question is colonic hydrotherapy

What makes a colonic so special?

In a 40 minutes colonic session, approximately 15 gallons of water is used to gently flush the colon. Through appropriate use of massage, pressure points, etc., the colon therapist is able to work loose and eliminate far more toxic waste than any other short-term technique.

What will colonics do to the colon?

Specifically, a colonic is used to accomplish the following:

1. **Cleanse the Colon:** Toxic material is broken down so it can no longer harm your body or inhibit assimilation and elimination. Even debris built up over a long period is gently, but surely removed in the process of a up over a long period is gently, but surely removed in the process of a series of treatments. Once impacted material is removed, your colon can begin again to co-operate as it was intended. In this very real sense a colonic is a rejuvenation treatment.
2. **It Exercises the Colon Muscles:** The build up of toxic debris weakens the colon and impairs its functioning. The gentle filing and emptying of the colon improves peristaltic (muscular contraction) activity by which the colon naturally moves material.
3. **It Reshapes the Colon:** When problem conditions exist in the colon, they tend to alter its shape which in turn causes more problems. The gentle action of the water helps to eliminate bulging pockets of waste and narrowed, spastic constrictions finally enabling the colon to resume its natural state.
4. **It Stimulates Reflex Points:** Every system and organ of the body is connected to the colon by reflex points colonic stimulates these points, thereby affecting the corresponding body parts in a beneficial way

Are there any additional benefits I might expect from a colonic?

Yes, there are several. Working with a skilled therapist a colonic can be a truly enlightening educational process. You will learn to expand your awareness of your body's functioning by including signals from your abdomen, your skin, your face and even from that most taboo of natural products, your eliminations.

You will find that you can spot the beginnings of developing conditions through clues from these body regions and functions before they become serious. You can deal with them sooner and more easily than otherwise might if you waited until they produce effects seen elsewhere in the body

Also, the solar plexus is the emotional center of the body and the transverse colon passes right through it. If an emotional event is left uncompleted, it often results in physical tension being stored in the solar plexus, which affects all organs of the area, including the colon.

This on-going tightening of the colon muscle results in diminished movement of fecal material through the colon, which is experienced as constipation. Not only do colonics alleviate the constipation, they can assist you in creating a fully holistic view of your body's functioning, leading to a better quality of life.

You've been talking a lot about messed-up colons, and I can certainly related to some of the signs of toxicity you mentioned. What I would like to know is what are the

characteristics of a healthy, well functioning colon?

Healthy babies, animals and adults not subjected to the "refinements" of civilization (i.e., aboriginal peoples) have bowel movements shortly after each meal is eaten. So, assuming there is sufficient fiber and water available to the colon, one characteristic is a bowel movement shortly after a meal is eaten. Once the urge to eliminate is honored by a trip to the toilet, the elimination should be easy and take no more than a few seconds.

The stool will be long, large in diameter, light brown in color, without offensive odor and should float or sink very slowly. When the toilet is flushed, the stool immediately begins breaking apart by the action of water movement. As incredible as this may sound, it is true and commonly experienced in cultures where people live more naturally

How can I tell if I would personally benefit from a colonic?

Does your colon now exhibit the signs of a well functioning colon? If not, one or more sessions with a knowledgeable colon therapist may bring you great dividends.

Okay, it sounds like a colonic may be good for me, but will it be painful?

It rarely is. Usually, painful experiences are the result of resistance and tension. A professional colon therapist is skilled at putting you at your ease and minimizing discomfort. Most people actually enjoy the colonic and are especially pleased with the unaccustomed sensation of feeling lighter, clean, and clear afterward. Sometimes during a colonic, the colon muscles will contract suddenly expelling considerable amounts of liquid and waste into the rectum. This may feel like cramping or gas, and may create a feeling of urgency to empty the rectum. Such episodes, if they do occur, are brief and easily tolerated.

Is it embarrassing to have a colonic?

No, you will fully maintain your personal dignity. You will be in a private room only your therapist, who fully appreciates the sensitivity of the colonic procedure and will help you feel at ease. Your dignity will be acknowledged and honored.

You will be completely covered by a large drape sheet during the process.

After the gentle self-insertion of a very small speculum (1.5 to 1.75 inches and smaller in diameter of a number two pencil), the process will begin. Waste is released around the small speculum. The equipment is so sophisticated that couples frequently are in the room together during the process because there is virtually no odor during the procedure.

Is there anything I need to do to get ready for a colonic?

It is a good idea not to eat or drink 2 hours immediately preceding your first colonic. In subsequent colonics, this is not required. Also helpful, but not essential, emptying the rectum with a bowel movement just prior to the colonic saves time and permits more to be accomplished.

And what can I expect afterwards?

Most likely, you'll feel great. Probably you'll feel lighter and enjoy a sense of well-being. Not infrequently, someone having their first colonic will remark that it was one of the most wonderful experiences of their life. As soon as the colonic is finished you can

carry on with daily routine. For some, the colonic may trigger several subsequent bowel movements for the next few hours, but there won't be any uncontrollable urgency or discomfort. It's also possible you may feel light-headed or chilled for a few moments following a colonic. Some people feel a burst of energy while some feel they are ready for a nap.

If colonics are so good, why haven't I heard about them before?

Colon hydrotherapy is one of the oldest forms of natural healing. The Egyptians were among the first to employ its therapeutic health benefits over 4,000 years ago. Many authorities agree it is a natural treatment method found beneficial for a multitude of disease processes.

They also feel that disease begins in the colon; and to be in optimum health, the colon must be functioning normally. The colon is one of the most neglected areas of the body. Through patient education on natural healing methods, many find solutions to their unsolvable (no hope) sicknesses.

In a way, the answer to that is a commentary on our modern lifestyle. Historically, artifacts and records show that people have regularly purified their bodies, including cleansing the colon. The earliest recorded history of colonics reaches back to the ancient Egyptians, over 4,000 years ago. Around the turn of the 20th century, the present-day colonic machine was developed, providing a significantly improved method of accomplishing colon cleansing.

Up to the late 1920's many doctors had colonic machines in their offices, and machines were found in hospitals as well. Articles dealing with colon health frequently appeared in prestigious medical and scientific journals until the early 1930's. At that time, modern man began a love affair with drugs and surgery.

These seemed to offer relatively instant relief for body ailments, resulting in purification and prevention techniques becoming less attractive. Recently, however, there has been a resurgence of interest in using natural approaches for healing the body, and colonics have rapidly been regaining the respectability they have already earned.

Are colonics dangerous in any way?

Being an essentially natural process, there is virtually no danger with a colonic. However, there are contraindications where it is ill-advised. These are listed on the first page of the intake form each client is required to complete. Our intent is to provide a safe and healthy service so that you do not have to worry. Cleaning and sterilization are top priorities. Also, know that all speculums and drape sheet are disposable and discarded after each use. The colonic table is triple sanitized between each use.

I'm worried that I could become dependent on colonics. If I have to many, the colon may stop functioning on its own. Are colonics habit forming?

The colonic is a tool intended to be used to create a clean and healthy colon.

A colon therapist who is dedicated to your health, will encourage you to set a goal of having a well-functioning colon. Our fulfillment comes from assisting you in healing your colon, not in making you dependent upon colonics.

Actually, one of its features is that a colonic can be used to tonify the colon muscle so that the colon doesn't perform so sluggishly. Many people have sluggish colons. It may take days for bowel movements to return after a good colonic. This is when people think they are becoming "dependent" on colonics. One good colonic is worth 20 or so regular bowel movements, so it may take some time for fecal matter to build up in the colon once again if one has a sluggish colon.

When the colon is sluggish and bowel movements do not return for a few days after one colonic, it is an indication that extensive colon work is needed to remove the debris that the bowel has built up over the years.

This build up of fecal material had decreased the muscular action in the colon. Once a series of colonics is completed, the colon will begin to function like Mother Nature intended. Colonics give you a feeling of being lighter, cleaner, and healthier with a sense of well-being. Cleansing and building programs offer preventative measures so that you can be in control of your own health. Dietary changes may be necessary to ensure long lasting and vital health.

Will a colonic make me constipated or give me diarrhea?

The most frequent post-colonic experience is to have a slight delay in bowel movements and then a resumption of a somewhat larger, easier to move stool. Sometimes if the colon is weak and sluggish, there may be no bowel for several days following a colonic. However this is not due to the colonic, but rather to the weakness of the colon, and should be interpreted as an indication that the colon requires strengthening and healing. Very infrequently diarrhea or loose bowel may be experienced. This could be due to the extra water introduced into colon or to the stirring up of toxic waste. If this should occur, it is usually of very short duration. However, since severe diarrhea dehydrates the body, it must be carefully monitored.

Suppose I have been suffering from constipation for a long time, will colonics help?

We want to state that constipation can be successfully treated with natural, harmless techniques, including the use of colonics. Constipation is one of what may be termed "civilized man's disease". There are three factors involved in having a well functioning colon: diet, exercise, and attitude.

All three must be in balance for the colon to function well. Often, however, because the colon has been sluggish for so long, it has become severely weakened due to being constantly bathed in toxic waste, stretched from holding excessive amounts of stools, and frequently, constricted by chronic tension in the colon.

The process of colonic hydrotherapy is excellent for cleansing and healing the colon sufficiently so that changes in diet, exercise, and attitude are able to produce their effects. Many people find the relief provided by colonics stimulates that motivation and

enthusiasm to institute positive changes in their lifestyle.

Some people say that colonics wash out intestinal flora and valuable nutrients. Is this so?

The truth is that the washing out of putrefied material in the large intestine, increases the good intestinal flora. Good bacteria can only breed in a clean environment which has been washed free of putrefaction and its accompanying harmful bacteria. This is why the intestines of a new born baby immediately begin to grow good intestinal flora.

Each time you clean out the putrefying trash and make a better environment for the good flora, they start to multiply immediately in their natural media. It also stands to reason that valuable nutrients can better be absorbed in a clean environment than in a putrefied one.

With all this talk of bacteria, I wonder what effect colonic hydrotherapy has on our immune system?

The removal of stagnant waste material and hardened, impacted toxic residue could rejuvenate the immune tissue that resides in the intestines. There have been European studies that speculate that 80% of immune function resides in the intestines. This is much higher than previously thought and makes it logical to believe that this type of therapy could influence such immune deficiency diseases as cancer and A.I.D.S. Colon hydrotherapy is not a cure-all, but an important adjunctive therapy in the overall health care of the client.

How long does a colonic take?

We offer a 40 minute session. Our process can be usually completed in just about an hour from start to finish. During the initial visit, the therapist will sit and answer any questions you may have up front.

Is there a special kind of water used for colonic hydrotherapy?

We use highly filtered water, which passes through three separate filters before being heated to the correct temperature. This kind of water is capable of absorbing and flushing more toxins out of the colon because of its drawing effect on solid particles, chemicals and other matter. Tap water is never used because it contains chemicals and inorganic substances.

Will it be okay to eat after having a colonic?

We suggest that you eat at your normal meal times, and consume moderate amounts of whatever you recognize as gentle and nourishing to you. Just as it doesn't make sense to have your car cleaned and then immediately drive through mud, eating a meal known to result in trouble in your abdomen directly after a colonic isn't an intelligent choice. Vegetable soups, fruit, cooked vegetables are fine. For the first four to six hours after your colonic, try to avoid fresh vegetable salads. Reduce meat consumption for the remainder of the day

How will I know when the colon is empty?

Almost never. Firstly, many of us have a considerable amount of impacted fecal matter in the colon. This is hardened, rubbery or wallpaper-like material. Substantial work must be done to remove it. Secondly, there is a subtle learning process involved in receiving colonics. As you become more aware of what is going on in your abdomen, and as your body learns how to allow the cleansing experience to proceed, you are better able to enter into the process, and therefore more material is released.

One colonic will remove some of the stagnant waste in the colon.

The second and subsequent colonics will remove more. How many you may wish to have will largely depend upon your personal objectives. Having said that, there is a minimal threshold of three (3) that everyone will benefit from. Beyond this minimal number, it is again dependent upon your individual goals.

How will I know when the colon is empty?

It will probably never be completely empty, as it's an organ in continuous use.

As more of the old impacted material is released you will actually feel the water enter higher regions of the colon without any sense of obstruction. The objective should not be an empty colon, but rather a well functioning colon.

Will a colonic clear up my skin?

Your skin actually "breathes" and is an important organ of elimination of waste material. Sometimes, if the colon, liver or kidneys are functioning poorly, the skin will be required to make up the difference. Surface eruptions on the skin of various sorts may occur due to toxins being released. Cleansing and healing the colon diminishes the burden placed upon the skin as well as the other organs of elimination: lungs, liver and kidneys.

As elimination is accomplished through it proper channels, the skin will very often clear up.

How expensive is a colonic?

This varies dependent upon location etc. In the local Atlanta market, you will find a range of options priced from \$55.00 up to \$110.00 per session. Because of our commitment to helping our clients achieve the highest quality of wellness, our service is currently priced at \$55.00 per session. Our commitment is to provide you with the highest level of service at an exceptional value.

Although cost is obviously relevant, far more important is your health. Our staff is available to help you on the road to vital health.

FAQ'S (under Colon cleansing)

WHAT IS COLON HYDROTHERAPY?

COLON HYDROTHERAPY IS A HOLISTIC PROCEDURE THAT INVOLVES THE INTRODUCTION OF PURIFIED WARM WATER GENTLY INTO THE LARGE INTESTINE OR COLON FOR INTERNAL CLEANSING USING FDA APPROVED EQUIPMENT.

WHERE IS THE COLON?

THE COLON IS LOCATED AT THE END PORTION OF THE DIGESTIVE TRACT. IT RANGES ABOUT 5 1/2 TO 6 FEET IN LENGTH. ITS MAIN JOB IS TO CONSERVE WATER IN THE BODY AND ELIMINATE WASTE.

IS COLON HYDROTHERAPY SAFE?

ABSOLUTELY. EACH CLIENT RECEIVES THEIR OWN DISPOSABLE SPECULUM FOR DISPOSAL AFTER EACH USE. THE WATER IS WARM AND PURIFIED TO MATCH YOUR BODY TEMPERATURE AND THE EQUIPMENT IS CERTIFIED BY THE FDA. THE CLIENT'S DIGNITY IS PRESERVED AND HONORED BY THE USE OF A CLEAN AND PRIVATE ROOM.

WILL COLON HYDROTHERAPY DEplete MY ELECTROLYTES?

NO. YOU LOSE VERY LITTLE ELECTROLYTES DURING A COLONIC. YOU CAN REPLENISH YOUR ELECTROLYTES WITH ACIDOPHILUS, BIFIDOUS, AND NATURAL JUICES. YOU CAN PURCHASE ACIDOPHILUS AND BIFIDOUS AT YOUR LOCAL HEALTH FOOD STORE.

HOW LONG IS A SESSION?

A SESSION IS ABOUT 40 MINUTES IN LENGTH, AND SOME PEOPLE OPT FOR THE TREATMENT ON THEIR LUNCH BREAK. IF YOU COME INTO THE CENTER WITH THE REQUIRED PAPERWORK COMPLETED, THE ENTIRE PROCESS CAN BE COMPLETED IN ONE HOUR WITH YOU WALKING OUT THE DOOR.

IS THE PROCEDURE PAINFUL?

NO. THE PROCEDURE IS VERY RELAXING AND CALMING. CLIENTS SOMETIME ENTERTAIN THEMSELVES WITH IPODS, CDS, CROSSWORD PUZZLES OR BOOKS. THE WATER IS VERY WARM SO IT COMPLIMENTS THE BODY TEMPERATURE. THE MOST ANYONE WILL FEEL IS THE NATURAL URGE TO HAVE A BOWEL MOVEMENT. THERE IS RELAXING MUSIC AND A GREAT OVERALL ATMOSPHERE FOR CALM AND SERENITY.

HOW MUCH OF THE COLON IS CLEANSED DURING A TREATMENT?

IT IS POSSIBLE TO CLEANSE THE FULL LENGTH OF THE COLON DURING A TREATMENT. IT DEPENDS ON THE TOXICITY LEVEL OF THE CLIENT.

HOW MANY SESSIONS ARE NEEDED?

THIS AGAIN DEPENDS ON THE TOXICITY LEVEL. SOME PEOPLE NEED ONLY 3, WHEREAS AN AVID MEAT EATER MAY NEED 10 TO 12. A CERTIFIED THERAPIST WILL BE ABLE TO HELP WITH THIS. MOST OF US HAVE BEEN TOXIC FOR A LONG TIME, SO IT WILL TAKE SOME TIME TO REMOVE THE WASTE AND POISON FROM THE SYSTEM.

IS IT OKAY TO HAVE A TREATMENT DURING MENSTRUAL PERIOD?

YES. IN FACT, IT IS A GREAT TIME TO HAVE A TREATMENT SINCE THE BODY IS ALREADY CLEANSING. YOUR FLOW WILL NOT INTERFERE WITH THE SUCCESS OF THE TREATMENT.

IS THERE ANY POSSIBILITY OF CONTAMINATION FROM PRIOR USE OF THE COLON HYDROTHERAPY EQUIPMENT?

NO. MODERN COLON HYDROTHERAPY EQUIPMENT UTILIZE PRE-STERILIZED, DISPOSABLE HOSES AND SPECULUMS. THESE DISPOSABLES ARE USED ONLY ONCE DURING A SINGLE THERAPY SESSION.

WHO NEEDS A COLONIC?

EVERYONE FROM THE MOST AVID MEAT EATER TO THE STRICTEST VEGETARIAN. IT IS BELIEVED THAT A LOT OF ACCUMULATED WASTE IN OUR COLON STEMS FROM PROCESSED FOODS AND POLLUTED AIR THAT WE HAVE CONSUMED THROUGH OUT THE YEARS, THEREBY PRODUCING A STICKY WASTE IN OUR LARGE INTESTINE THAT RESULTS FROM FLUIDS BEING ABSORBED DURING THE DIGESTIVE PROCESS.

SHOULD I SEE MY DOCTOR BEFORE MY SESSION?

IF YOU ARE CONCERNED ABOUT YOUR HEALTH AND OR COLON YOU SHOULD CONSULT A DOCTOR. IF YOU ARE DIAGNOSED WITH DIVERTICULITIS, ULCERATIVE COLITIS, CROHN'S DISEASE, SEVERE HEMORRHOIDS, RECTAL OR INTESTINAL TUMORS, YOU WOULD NOT BE A CANDIDATE FOR COLON HYDROTHERAPY UNLESS YOU HAVE A PRESCRIPTION FROM A DOCTOR.

PROFESSIONALLY ADMINISTERED COLON HYDROTHERAPY IS SAFE AND A MEDICAL EXAMINATION SHOULD NOT BE NECESSARY.

HOW TO PREPARE FOR THE FIRST TREATMENT?

DRINK PLENTY OF WATER A DAY BEFORE THE TREATMENT AND REFRAIN FROM EATING BEFORE THE CLEANSE. THE WATER WILL HELP HYDRATE THE COLON FOR BETTER ELIMINATION. TRY TO MAINTAIN A GREAT SPIRIT AND GOOD ATTITUDE.

WHAT WILL I EXPERIENCE AFTER THE CLEANSE?

MOST PEOPLE FEEL A SENSE OF CALM AND A LOT OF ENERGY. SOME CLIENTS EXPERIENCE A SENSE OF SADNESS AND TIREDNESS. THIS IS DUE TO THE TOXINS IN THE SYSTEM THAT HAVE BEEN AWAKENED. DRINKING PLENTY OF WATER AND NATURAL JUICES USUALLY HELPS.

CAN I CONTINUE MY REGULAR ACTIVITIES AFTER A CLEANSE?

ABSOLUTELY. YOU CAN WORK JUST AS YOU WOULD AFTER A REGULAR BOWEL MOVEMENT.

WHEN SHOULD I GET STARTED?

NOW. THE SOONER THE BETTER. IT IS AMAZING HOW LIGHT YOU WILL FEEL AFTER THE PROCEDURE. YOU NEED DEDICATION AND GOOD EATING AND EXERCISE HABITS ALONG WITH A MONTHLY CLEANSE OR CLEANSSES TO MAINTAIN A HEALTHY COLON.

How to Prepare

Prior to your first colonic you will need to do three (3) things:

1. 1) First, you will need to drink 64 ounces of pure water THE DAY BEFORE YOUR COLONIC. You should hydrate prior to each colonic visit.
2. 2) Refrain from eating any solid food two (2) hours prior to your scheduled start time for your first visit. DO NOT FAST the entire day PRIOR TO YOUR COLONIC. You may consume liquids up to the start of the procedure. (Step #2 is optional in subsequent visits).
3. 3) Text your appointment request to 770-454-1363. Send your full name from your mobile number with the day and time of day. We will confirm via text message.

The following is a testimonial by one of our clients. It is a beautifully written detailed account of what you are likely to experience when you visit for your first time.

Amazing Experience

by SMJohnson

April 02, 2009

I have never had a colonic in my life before. I talked about it a lot with some of my friends and one mentioned Dr. Imani as being the best in Atlanta, so I looked into it.

First, let me say that I was very nervous about going through the process. But, after speaking with Dr. Imani, he immediately made me feel comfortable, and he answered all of my questions. He gave me precise details on what to do prior to my visit.

Upon arrival, I was warmly greeted and entered a comfortable office with a nice ambiance. He sensed my nervousness and spent time explaining the process and benefits of getting the colonic. After a few minutes of talking, I was ready. Let me say that I had no idea what to expect, and I had never seen the equipment that would be used. He once again removed my anxiety by calmly taking the time to go over the procedure in detail with me.

Once you are ready, you simply ring a bell, and he will re-enter the room. He has me start the water flow and he exits the room. You have the option of dimming the lights to your liking. There is relaxing music, and he provides a light, lavender, scented hot pack for your belly to assist in keeping you comfortable throughout the cleanse.

I must say I was quite embarrassed to have this man come into the room to talk to me for a few seconds with a tube in my behind ...(lol... I am being honest), but for some reason, he just makes you feel comfortable. I said to myself, "he does this all day!" His extreme professionalism is just comforting, and it helped take the edge off.

The process is quite relaxing and it feels great. I mean, it's like having the ultimate bowel movement, and we all know how good that feels after having a good one at home. Now, imagine the best one of your life!!! It felt great to know that I was removing 20 some odd years of waste from the walls of my colon. It is the ultimate cleansing experience.

When your 40 minutes is up he will come in to turn the equipment off and instruct you how to finish up. Now, at first, you may feel a bit weird having him come in after the procedure, but have no fear, there's no odor and a can of air freshener is kept in the room at all times.

Afterwards, you come out and you will have a little chat, (in my case a long chat since I asked so many questions.), and be on your way! I was concerned about making frequent stops to the bathroom, but you don't! You can come in on your lunch break and go about your business!

Once again, allow me to state that this is the best experience I've had. I've since scheduled a second session. After my first visit last week, I immediately felt lighter and cleaner. I felt a few cramps after an hour or two and called Dr. Imani. He explained that my colon was simply adjusting to the hydration and release. I felt fine shortly afterwards and the cramps subsided. Since completing my second colonic, I haven't had any cramps, and I feel great. My belly seems flatter already...!

I hope that my description will help ease the worries of first timers, and I recommend the Nile Wellness Center to everyone. I will be a regular customer from now on and suggest that you do too! Also, it is so affordable!

I am so ready to enjoy a cleaner life!

Pros: Cleanliness, Length of experience, Comfort, Location, Price

Cons: I don't think that there could ever be any!

Deborah Imani is the founder of The Nile Wellness Center. She holds a B.A. in Mass Communications and is a Certified-colon hydrotherapist through the International Association for Colon Hydrotherapy.

Deborah is a trained Raw Food Chef. She is a graduate of the Matthew Kenney Academy, the nation's first and only classically structured Raw and Living Foods educational center in the world. Deborah has studied under Brenda Cobb at the Living Foods Institute. She has also studied living raw food preparation under Vincent Stretcher at Lov'n It Live Restaurant in Atlanta. She is the author of First Generation Raw, Raw Food Made Easy. Her book has been across the United States to teach raw food preparation and theory.

Michael Imani, Ph.D

Dr. Imani is a board certified Alternative Medical Practitioner through the AAMA. He is also a board certified Holistic Health Practitioner through the American Association of Drugless Practitioners. Dr. Imani has worked in Mind/Body Medicine since 1997. He completed his post doc work in Autogenics under the late pioneering British psychotherapist, Vera Diamond through The Royal London Hospital for Integrated Medicine. He is the author of The Diet Code. He holds a certification in Plant-Based Nutrition from Cornell University. He is a member of the Oxford University Business Alumni. Dr. Imani is the President Emeritus of the International Association of Colon Hygienist.

Testimonials

My experience has been a well maintained and clean environment that has a wonderful ambiance and serene atmosphere. The people were very friendly and pleasant to me which helped to calm my nerves as a new patron.

February 20, 2012

Dr. Imani was very nice and professional.

February 20, 2012

KEEP UP THE HARD WORK AND QUICK SERVICE. I CAN ALWAYS MAKE AN EASY APPOINTMENT AND I AM IN AND OUT EVERY TIME I GO.

February 19, 2012

Thank you for sharing your wealth of knowledge and making me feel at ease on my first visit. I am sure to return in the future, and have already told some others about your beneficial services.

February 15, 2012

Wonderful and extremely comfortable. Thank you

February 12, 2012

Great service! Great equipment! No smells at all! I love that place!

February 12, 2012

Dr. Imani was great! I highly recommend!

February 1, 2012

Dr. Imani soothes your anxiety by being friendly and patient. He answered all my questions and made great recommendations going forward for my colon health.

January 25, 2012

Great cleanse. I feel like I lost 20lbs

January 24, 2012

"Feeling nauseous was just a part of my everyday routine. I would feel nauseous several times throughout the day and night. I tried anti-nausea medications, detox juices, and the list goes on. After all of those things failed, I was asked by a colleague if I ever had a colonic. Now, I was skeptical, but I made my first appointment. The skepticism continued after my first session (I scheduled my second session 3 days later) and it wasn't until after my second session (even though, my nausea subsided after my first session) that I became a believer that "getting 34 years worth of build up" would actually relieve my nausea! But it did! Thank you, Dr. Imani."

Sincerely,

Pamela M. Moye, PharmD, BCPS

Clinical Assistant Professor

Clinical Specialist, Internal Medicine

Mercer University College of Pharmacy and Health Sciences

The place was nice and clean and the Doctor was very nice and sensitive to my needs. He made me feel very comfortable seeing this was my first time doing this colonic.

January 23, 2012

Keep up the good work of educating people about their health.

January 22, 2012

Absolutely wonderful experience! Very professional! I will continue to come back and tell friends to do this as well! Please do another Groupon!

January 1, 2012

While I was a bit apprehensive at first, Dr. Imani explained things well and made me feel at ease. Great experience!

December 4, 2011

Great doctor & overall great experience in an immaculate & spacious facility!

November 27, 2011

Dr Imani is so professional and makes you feel comfortable considering. I feel so good after leaving. I don't use the bathroom on a regular like I should so when I get a colonic it feels like the ultimate bowel movement. This wasn't my first colonic and it wont be my last.

November 20, 2011

This is the TRUTH

by MsPatton

May 23, 2009

All I can say is WOW. At first I was a bit on the disbelief side. But this is the truth!

If you are 21 years of age or older....DO THIS. I'm 25 and I never knew how much (S)ugar (H)oney (I)ced

(T)ea (take the first letter of each of those words and you will see the ultimate word) I was full of. I feel more lighter, energetic, and hekkkk my jeans fit even better now. I'm so happy that I found this.

Remarkable Experience!!

by cw805

April 17, 2009

This was my first colonic, and I did not know what to expect., but Dr. Imani made the experience as pleasant as possible. The environment was soothing and relaxing, and he has a wonderful personality. He did not push the services down my throat; he only recommended the course of treatment that I need to take. I am so glad that I made the decision to go here, and I would recommend the Nile Wellness Center to anyone seeking a colonic.

Pros: Ambience, cost, professionalism

Cons: Location

Amazing Experience

by SMJohnson

April 02, 2009

I have never had a colonic in my life before. I talked about it with some of my friends and one of them mentioned Dr. Imani as being the best in Atlanta so I thought that I would look into it.

First let me say that I was very nervous about going thru with the process but, after speaking with Dr. Imani over the phone, he immediately made me feel comfortable and answered my first round of questions and gave me precise details on what to do prior to my visit.

Upon arrival, I was greeted and entered the office which is very comfortable with a nice ambience. He sensed my nervousness and spent time explaining the process and benefit of getting the colonic done. After a few minutes of talking, I felt ready. Let me say that I had no idea what to expect for I have never seen the machine that would be used. He once again, removed any anxiety that I know he must of felt from me by calmly taking the time to go over the machine details with me and explained exactly how to get ready to start the procedure.

Once you are ready, you simply ring a bell and he will re-enter the room to start the machine and dim the lights with some relaxing music and provide you with a light lavender scented hot pack for your belly to assist in keeping you comfortable and easing the cleansing.

I must say that for me, I was feeling quite embarrassed to have this man come into my room and talk to me for a few seconds with a tube in my behind...(lol... but I am being honest), but for some reason he just makes you feel comfortable and I said to myself, "He does this all day!". His extreme professionalism is just comforting and took the edge off of any of my anxiety.

Once he leaves, the process begins and after like 2-3 minutes, it actually is quite relaxing and feels great. I mean, its like taking the ultimate bowel movement. (We all know how good it feels after taking a good one at home, so imagine the best one of your life!) It felt great to know that I was removing 20 some odd years of waste stuck to the walls of my colon. It is the ultimate cleansing experience.

After it is over, he will come in to shut the machine off and tell you how to finish up. Now, at first, you may feel a bit weird to have a him come in after moving your bowels but, have no fear for you have a nice little can of air freshener to keep the maintenance up during the cleansing!

Afterwards, you come out and you will have a little chat, (In my case a long chat since I ask so many questions.), and be on your way! I was concerned about having having to make frequent trips to the bathroom all day and night but, you don't! You can come in on your lunch break and go about your business!

Once again, let me say that this is the best experience I have had and I have already had my second one today. After my first one last week, I immediately felt lighter and cleaner. I felt a few cramps after an hour or two and called up Dr. Imani about it and he simply explained that it was the first time that I have ever done this and my colon was simply adjusting to the hydration and release. I felt fine however and the cramps left as soon as they came. Since completing my second one today, I have not had one cramp and feel great and especially so since my belly seems flatter already...

I hope that my description will help ease the worries of first timers and recommend the Nile Wellness Center to everyone. I will be a regular customer from now on and suggest that you do too! (Plus it is so affordable!)

I am so ready to enjoy a cleaner life!

Pros: Cleanliness, Length of experience, Comfort, Location, Price

Cons: I don't think that there could ever be one!

Amazing Experience

by SJK

March 28, 2009

This was my first time every getting a Colonic and Dr. Imani made my experience very comfortable. He was very patient, informative, and helped me relax. I'm on my 3rd session and will be a regular patient. If you are looking for a very comfortable, informative, professional people please vist The Nile Wellness Center. They are the best. Thank you Dr. Imani

Pros: very informative, professional, relaxing enviroment

Amazing Colonic Experience

by wrldeitizen24

December 06, 2008

This was my second visit to the Nile Wellness Center and Dr. Imani was truly amazing. He was so patient with ALL of my questions. He told me of everything I should do before, during and after my session. We even had time to talk politics! This has only been my second colonic but I will never go anywhere else to have one done here in Atlanta. The only reason I went to the Nile is because of all the reviews I read on this site and they were all correct.

Pros: Experience, colonic machine, music, scent, comfort level

Cons: Website isn't the most attractive

Great Service#!@%#!@%^\$#@^%

by soundclarity

July 21, 2008

This place is fabulous! I really appreciate her gentle approach. The best thing is she communicates with you on the procedure and very clear on what to expect during and afterwards. I would not give my dollar to anyone else for a colonic! I will definitely be back!

Clean out that colon to get rid of your dis-eases: big bellys, libido, acne, aches, cancers....

by 4everMaAT

July 04, 2008

After seeing black spots starting to appear on my face, I was told by a doc that it was time to get a colonic; ur skin is like a 3rd lung to eliminate body waste. So I procrastinated and then finally did the google search and contacted several in the atlanta area that was close by the house. First went to the one off briarcliff rd. They had a closed system. The lady was rude during the session considering it was my first time (ever) and kept telling me i dont listen very well. Then it was \$95 for ONE session. It wasn't more than 20 min of actual machine time. That was the last time I went there.

Then i figured i would try the Nile Wellness since they had an open system. I'm now on my 11th one and I've been doing this every week and sometimes more if i'm home during the week. It was a night&day difference from the first experience off of briarcliff. I was sold on how

THOROUGH it was. U felt all those chunks of waste that shouldn't be there in the first place just ease themselves out your body.

After the 3rd one, 1) thoughts got clearer, 2) youthful sexual libido returned (when u saw a pretty lady and BAM), 3) face slowly started to clear up, 4) felt more energy, 5) started eating more real/live foods (body started rejecting meat, especially red meat and other junk "foods" and toxins), 6) your natural thirst will return 7) Weight loss (and I wasn't fat by any means) I lost 10 pounds of backed up waste. A lot of you guys with big beer/trucker bellies indicates ur colon is SEVERELY backed up.

Men seem to be a little nervous about a tube going in their rectum. It is 1/2 the width of a pencil and u barely feel it as it only goes in an inch or two. It's about your health. U have no problem shoving that big mac or even that walmart/kroger hamburger meat, sodas, or tv dinners into ur body; why not put something positive in there?

BOTTOM LINE: U NEED TO CLEANSE! It's NEVER too late, although we tend to be hard-headed until the symptoms surface.

Pros: Thorough natural cleanse, eliminates dis-eases, clean facility, relaxing atmosphere, positive overall influence in the community

Cons: Need more locations

Superlatives don't come close to describing my experience with Deborah Imani and The Nile Wellness Center

by gozel

July 17, 2007

Having undergone colon hydrotherapy over a decade ago, I'm no stranger to the many benefits. But, to be honest, after having several sessions, I was still left with the lingering thought that colon hydrotherapy was not among my 50,000 favorite things to do. Will they clear your skin dramatically? Yes. Will they reduce your gut (you know the one I mean)? Yes. Will they bring luster to your hair, nails, and eyes? Yes. Will they drastically improve your digestion and, thus, improve your health in every conceivable way? Assuredly, YES!!

Even though I knew this was true, I avoided even the thought of having another colon hydrotherapy until I met Deborah. She was knowledgeable, professional, and kind and supportive through the process. In short, I can not say how much she helped me embrace colon hydrotherapy anew as an awesomely healthy alternative. I've lost the extra pounds I've added, increased my energy and, now, have a health partnership that will help me for years to come.

Thanks, Deborah.

Pros: Convenient Location

GRRRRRRRRRRRRRRRRRRREAT SERVICE

by cjones333

July 04, 2007

great colonic. great service. feel better. very happy. will come again. advise anyone with ibs to get this service. more energetic than before. can sleep better.

cjones

Pros: thumbs way up. great service

Best of 2013
Award

The Nile Wellness Center

your pathway to wellness
with advanced, natural products, techniques, and
services

SPECIAL \$59
(40 min)
Regular \$110

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Welcome to The Nile Wellness Center

Welcome to The Nile Wellness Center! We are proud to be the only wellness center in the area that offers a variety of services to help you achieve your wellness goals. We are committed to providing you with the highest quality services and products available.

Experience wellness in a whole new way. Our advanced, natural products and techniques are designed to help you achieve your wellness goals. We are committed to providing you with the highest quality services and products available.

Enter to Win a Free Cleanse

***Special - \$59 (40 min) Regular \$110**



The Nile Wellness Center



Best Alternative Medicine Practice

your pathway to wellness
colon cleanses, drugless protocols, weight loss, and more...

Special \$59
(40min)
Regular \$110

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Colon Cleansing

The Nile Wellness Center was voted The Best Colon Cleansing Facility in 2008, 2009, 2010, 2011, 2012, and 2013. We take a lot of care in offering you an enjoyable experience. Come alone or bring a friend. If you book in advance, we are able to accommodate up to six people at once. Take advantage of our **\$59.00 colon cleanse (reg. \$110 for a 40 minute session)**. **60 minute sessions are \$82.90 (most popular) and 80 minutes for \$110.** For first-time visitors to the Nile Wellness Center, please download and print the nilewellnesscenter.com

Our Philosophy

We are more than a colon cleansing center. Our expertise is in helping you eliminate or reduce the need to rely on drugs and/or surgery. We provide individualized, non-drug protocols intended to keep you well. We consider the whole person; understanding that diet and emotional well-being play a huge role in achieving wellness. Complete wellness is our goal for everyone and how we achieve this centers on three things:

- achieve and maintain a healthy weight
- learn to treat food as medicine
- acquire tools to help manage your stress levels.

If you can do these three things, you are likely to reduce or eliminate your need for prescription drugs. Furthermore, data suggests that you are more likely to live longer, look younger, and feel better if you include these principals in your daily routine.

*Special - \$59 (40 min) Regular

\$110





Best Alternative
Medicine Practice

The Nile Wellness Center

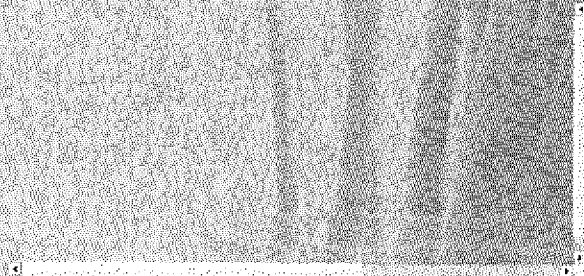
your pathway to wellness
colon cleanses, drugless protocols, weight loss, and
more...

Special \$59
(40 min)
Regular \$110

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Colon Hydrotherapy Demo

The Colon Hydrotherapy process is minimally invasive, simple, and relatively comfortable. Within five minutes of beginning the process, most clients are reading a book or texting friends about their new experience.



Many first-time clients are naturally anxious to some degree about the process of having a colon cleanse. The following is a testimonial by one of our clients. This is a beautifully written detailed account of what you are likely to experience when you visit for your first time.

Amazing Experience

by SM Johnson

April 02, 2009

I have never had a colonic in my life before. I talked about it a lot with some of my friends and one mentioned Dr. Frank as being the best in Atlanta, so I looked into it.

First, let me say that I was very nervous about going through the process. But, after speaking with Dr. Frank, he immediately made me feel comfortable, and he answered all of my questions. He gave me precise details on what to do prior to my visit.

Upon arrival, I was warmly greeted and entered a comfortable office with a nice ambiance. He sensed my nervousness and spent time explaining the process and benefits of getting the colonic. After a few minutes of talking, I was ready. Let me say that I had no idea what to expect because I had never seen the equipment that would be used. He once again removed my anxiety by calmly taking the time to go over the procedure in detail with me.

Once you are ready, you simply lie on a bed, and he will re-enter the room. He has me start the water flow and he exits the room. You have the option of dimming the lights to your liking. There is relaxing music, and he provides a light lavender scented hot pack for your belly to assist in keeping you comfortable throughout the cleanse.

I must say I was quite embarrassed to have this man come into the room to talk to me for a few seconds with a tube in my behind... (lol... I am being honest), but for some reason, he just makes you feel comfortable. I said to myself, "he does this all day". His extreme professionalism is just comforting, and it helped take the edge off.

The process is quite relaxing and it feels great. I mean, it's like having the ultimate bowel movement, and we all know how good that feels after having a good one at home. Now, imagine the best one of your life! It felt great to know that I was removing 20 some odd years of waste from the walls of my colon. It is the ultimate cleansing experience.

*Special - \$59 (40 min) Regular

\$110





Best Alternative
Practitioner Practice

The Nile Wellness Center

your pathway to wellness
colon cleanses, drugless protocols, weight loss, and more...

Special \$59
(40min)
Regular \$119

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Frequently Asked Questions

WHAT IS COLON HYDROTHERAPY?

COLON HYDROTHERAPY IS A HOLISTIC PROCEDURE THAT INVOLVES THE INTRODUCTION OF WARM WATER GENTLY INTO THE LARGE INTESTINE OR COLON FOR INTERNAL CLEANSING USING SPECIAL EQUIPMENT.

WHERE IS THE COLON?

THE COLON IS LOCATED AT THE END PORTION OF THE DIGESTIVE TRACT. IT RANGES FROM 4 TO 5 FEET IN LENGTH. ITS MAIN JOB IS TO CONSERVE WATER IN THE BODY AND ELIMINATE WASTE.

IS COLON HYDROTHERAPY SAFE?

ABSOLUTELY. EACH CLIENT RECEIVES THEIR OWN PERSONAL SPECIALLY-BUILT DISTENDING WATER. WATER IS WARM AND PULSED TO MATCH YOUR BODY TEMPERATURE. THE PRESSURE IS GENTLE. AND, THE CLIENT'S DIGESTION IS PRESERVED AND IMPROVED. THE LIVER IS CLEANSING AND THE BILE IS RELEASED.

HOW LONG IS A SESSION?

A SESSION IS 40 TO 60 MINUTES IN LENGTH. SOME PEOPLE EVEN SCHEDULE A TREATMENT DURING LUNCH BREAK. IF YOU COME INTO THE CENTER WITH THE INTENTION OF COLON CLEANSING, THE PROCESS CAN BE COMPLETED IN ONE HOUR WITH YOU WALKING OUT AND FEELING GREAT.

WILL COLON HYDROTHERAPY DEplete MY ELECTROLYTES?

NO. YOU LOSE VERY LITTLE ELECTROLYTES DURING A COLONIC. YOU MAY FEEL A BIT MORE TIRED, ACIDOPHILUS, BIFIDUS, AND ANY OTHER GOOD PROBIOTICS. YOU CAN PURCHASE AND TAKE FROM YOUR LOCAL HEALTH FOOD STORE OR YOU CAN PURCHASE YOUR OWN TREATMENT KIT FROM THE WELLNESS CENTER.

IS THE PROCEDURE PAINFUL?

NO. THE PROCEDURE IS VERY RELAXING AND CALMING. CLIENTS SOMETIME DISTRACT THEMSELVES WITH JIGSAWS, CLAS, CROSSWORD PUZZLES OR BOOKS. THE WATER IS VERY WARM SO IT COMFORTS THE BODY TEMPERATURE. THE MUSEAN/NOISE MACHINE IS THE NATURAL WAY TO HAVE A SOFT MOVEMENT. THERE IS RELAXING MUSIC AND A GREAT OVERALL ATMOSPHERE FOR CALM AND SERENITY.

HOW MUCH OF THE COLON IS CLEANSED DURING A TREATMENT?

IT IS POSSIBLE TO CLEANSER THE FULL LENGTH OF THE COLON DURING A TREATMENT. IT DEPENDS ON THE TOXICITY LEVEL OF THE CLIENT.

HOW MANY SESSIONS ARE NEEDED?

THIS AGAIN DEPENDS ON THE TOXICITY LEVEL. SOME PEOPLE NEED ONLY 1, WHEREAS AN AVID MEAT EATER MAY NEED 10 TO 12. A CERTIFIED THERAPIST WILL BE ABLE TO HELP WITH THIS. MOST OF US HAVE BEEN TOXIC FOR A LONG TIME, SO IT WILL TAKE SOME TIME TO REMOVE THE WASTE AND POISON FROM THE SYSTEM.

IS IT OKAY TO HAVE A TREATMENT DURING MENSTRUAL PERIOD?

YES, IN FACT, IT IS A GREAT TIME TO HAVE A TREATMENT SINCE THE BODY IS ALREADY CLEANSING. YOUR FLOW WILL NOT INTERFERE WITH THE SUCCESS OF THE TREATMENT. IT IS ADVISABLE TO WEAR A TAMPON HOWEVER.

IS THERE ANY POSSIBILITY OF CONTAMINATION FROM PRIOR USE OF THE COLON HYDROTHERAPY EQUIPMENT?

NO. HYDROTHERAPY EQUIPMENT IS FULLY PRESTERILIZED, DISPOSABLE HOSES AND SPECIALLY-DESIGNED HOSES ARE USED ONLY ONCE DURING INDIVIDUAL THERAPY SESSIONS.

WHO NEEDS A COLONIC?

EVERYONE FROM THE MOST AVID MEAT EATER TO THE STRICTEST VEGETARIAN. IT IS BELIEVED THAT A LOT OF ACCUMULATED WASTE IN OUR COLON STAYS FROM PROCESSED FOODS AND POLLUTED AIR THAT WE HAVE CONSUMED THROUGHOUT THE YEARS, THEREBY PRODUCING A STICKY WASTE IN OUR LARGE INTESTINE THAT RESULTS FROM FLUIDS BEING ABSORBED DURING THE DIGESTIVE PROCESS.

SHOULD I SEE MY DOCTOR BEFORE MY SESSION?

IF YOU ARE CONCERNED ABOUT YOUR HEALTH AND OR COLON, YOU SHOULD CONSULT A DOCTOR. IF YOU ARE DIAGNOSED WITH DIVERTICULITIS, ULCERATIVE COLITIS, CROHN'S DISEASE, SEVERE HEMORRHOIDS, RECTAL OR INTESTINAL TUMORS, YOU WOULD NOT BE A CANDIDATE FOR COLON HYDROTHERAPY UNLESS YOU HAVE A PRESCRIPTION FROM A DOCTOR. PROFESSIONALLY-ADMINISTERED COLON HYDROTHERAPY IS SAFE AND A MEDICAL EXAMINATION SHOULD NOT BE NECESSARY.

HOW TO PREPARE FOR THE FIRST TREATMENT?

DRINK PLENTY OF WATER A DAY BEFORE THE TREATMENT AND REFRAIN FROM EATING BEFORE THE CLEANSER. THE WATER WILL HELP HYDRATE THE COLON FOR BETTER ELIMINATION. TRY TO MAINTAIN A GREAT SPIRIT AND GOOD ATTITUDE.

WHAT WILL I EXPERIENCE AFTER THE CLEANSER?

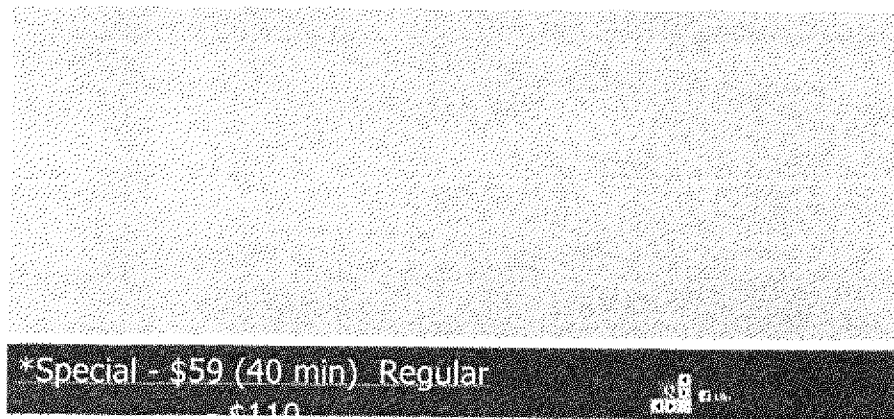
MOST PEOPLE FEEL A SENSE OF CALM AND A LOT OF ENERGY. SOME CLIENTS EXPERIENCE A SENSE OF SADNESS AND TIREDNESS. THIS IS DUE TO THE TOXINS IN THE SYSTEM THAT HAVE BEEN AWAKENED. DRINKING PLENTY OF WATER AND NATURAL JUICES USUALLY HELPS.

CAN I CONTINUE MY REGULAR ACTIVITIES AFTER A CLEANSER?

ABSOLUTELY. YOU CAN WORK JUST AS YOU WOULD AFTER A REGULAR BOWEL MOVEMENT.

WHEN SHOULD I GET STARTED?

NOW. THE SOONER THE BETTER. IT IS AMAZING HOW LIGHT YOU WILL FEEL AFTER THE PROCEDURE. YOU NEED DETOXIFICATION AND GOOD EATING AND EXERCISE HABITS ALONG WITH A MONTHLY CLEANSER OR CLEANSERS TO MAINTAIN A HEALTHY COLON.



The Nile Wellness Center

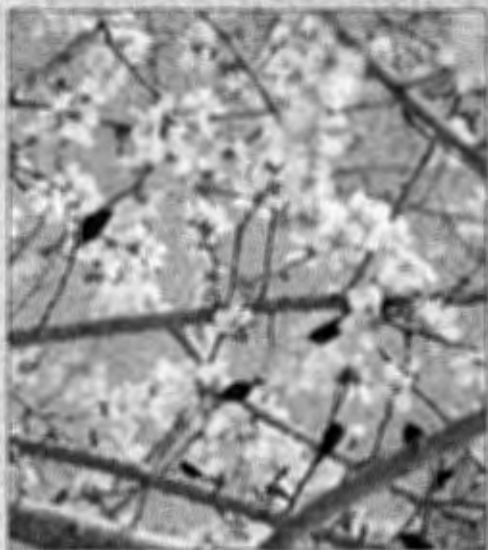


Non-Medicinal
Herbal Colon Cleanse

Colon Cleanse, Detox, Digestion, Weight Loss, and
More...

Special \$59
(40 min)
Regular \$110

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Enter to win free cleanse!

We are looking for one lucky winner to receive a free non-medicinal herbal colon cleanse. The winner will be chosen by random drawing from all entries received by the deadline. The winner will be notified by email and must claim their prize within 30 days of the contest ending. The contest ends on 03/31/2014. The winner will receive a free non-medicinal herbal colon cleanse. The winner will be notified by email and must claim their prize within 30 days of the contest ending. The contest ends on 03/31/2014.

Full Name _____
Email _____
Phone _____
Address _____
City _____
State _____
Zip _____



Winner January 2014 - Joi Turner

Joi Turner is a wonderful person who is always smiling and is a great example of a healthy and happy person. She is a great role model for everyone and we are proud to have her as a winner of our contest. She is a great example of a healthy and happy person and we are proud to have her as a winner of our contest.

*Special - \$59 (40 min) Regular

\$110



The Nile Wellness Center



Our mission is to provide holistic health care, including massage, acupuncture, and yoga.



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About Us

The Nile Wellness Center is a holistic health care center located in the heart of the city. We offer a variety of services including massage, acupuncture, and yoga. Our mission is to provide holistic health care, including massage, acupuncture, and yoga.



Dr. Michael Howard
Acupuncture, Chiropractic

Dr. Michael Howard is a licensed acupuncturist and chiropractor. He has been practicing for over 10 years and is a member of the American Association of Acupuncturists (A.A.A.P.). He is also a member of the National Board of Chiropractic Examiners (N.B.C.E.). Dr. Howard is a graduate of the University of Maryland, College Park, where he earned his Bachelor's degree in Biology. He is also a graduate of the University of Maryland, Baltimore, where he earned his Doctorate of Chiropractic degree.



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Dr. Michael Howard
Acupuncture, Chiropractic

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***Special - \$59 (40 min) Regular**



The Nile Wellness Center



Best Colonic
Readers' Pick

Our colonic is unique
with natural, organic products, no harsh
chemicals.



Best Colonic
Readers' Pick

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Awards and Testimonials

Read the customer testimonials to see why we are an award winning team. We go to great lengths to ensure our customers have an enjoyable experience while here. At Nile Wellness, we put the customer first.

"For better health, we've increased our stress level and it shows in our physical health."

Nile is Worth My While Abundance!

My husband and I have been coming to Nile Wellness for a while now. We love the staff, the atmosphere, and the quality of the services. It's a great place to relax and rejuvenate.

By: [Name] - [Date]

Nile Saved My Life!

I have been coming to Nile Wellness for a while now. I have been diagnosed with a chronic condition and I have been struggling to find a way to manage it. Nile Wellness has helped me in so many ways. The staff is so caring and the services are so effective. I have been able to manage my condition and I feel like I have a new lease on life.

By: [Name] - [Date]

Great Colonic

I have been coming to Nile Wellness for a while now. I have been diagnosed with a chronic condition and I have been struggling to find a way to manage it. Nile Wellness has helped me in so many ways. The staff is so caring and the services are so effective. I have been able to manage my condition and I feel like I have a new lease on life.

By: [Name] - [Date]



Amazing, Great Colonic!

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By: [Name] - [Date]

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By: [Name] - [Date]

Great Colonic

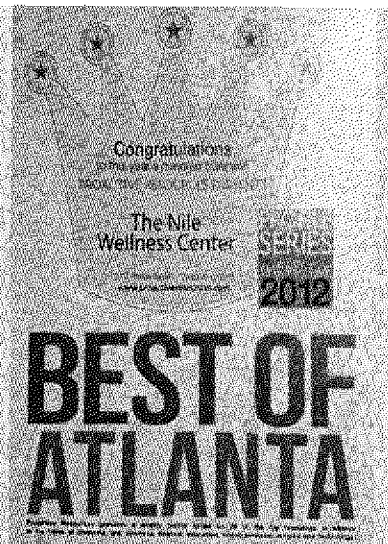
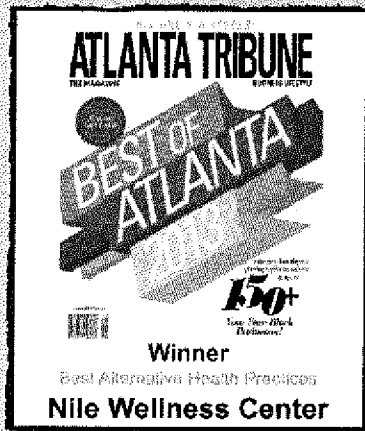
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By: [Name] - [Date]

Outstanding Service!

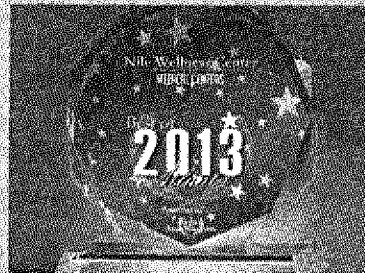
My experience at The Nile Wellness Center has been a pure delight! Dr. Imam is friendly, knowledgeable, informative, and he superceded all of my expectations. All of my questions about the procedure were answered to my satisfaction. The environment is clean, relaxing and calming, and there was absolutely no sales pressure! I have now completed 4 of 6 sessions and the results have been amazing! Before starting my hydro colon cleansing sessions at TNWC, I suffered from breakouts, gas, headaches, and was beginning to develop a pimple in my mid-section... yikes!! Since starting my POOCHIS GONE, my face is clearing up, I have very little gas, and my headaches are no more. What a relief! I would encourage everyone to get a colonic, and to get it at The Nile Wellness Center. You will get excellent results, outstanding service, and your colon will thank you. Mine did!!

by marjorie Posted 1/1/2010 on www.kudzu.com

**Great Colonic**

1st colonic ever. Great experience. Felt 20 lbs lighter after procedure. Had lots of energy and experienced vivid dreams. Got me motivated to fast to continue my cleansing process for the summer. Overall, superb experience.

by Latyr - Posted 6/9/09 on www.kudzu.com



***Special - \$59 (40 min) Regular \$110**



The Nile Wellness Center

Your wellness is essential. Make it natural. Choose products, people, food, and more...



Non-Alternative
Holistic Practice



Non-Alternative
Holistic Practice

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All About Berries



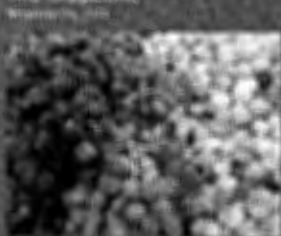
Berries are packed with antioxidants, fiber, and other nutrients that can help reduce the risk of heart disease, diabetes, and other chronic conditions. They're also delicious and easy to incorporate into your diet.

Read more about the health benefits of berries.

[Read More](#)



The Grapefruit



Grapefruit is a citrus fruit that is rich in vitamin C, fiber, and other nutrients. It can help boost your immune system and improve your digestion.

Read more about the health benefits of grapefruit.

[Read More](#)



Crystalline Toning for Better Health



Crystalline toning is a natural way to improve your health and well-being. It can help reduce stress, improve your mood, and boost your energy.

Read more about the health benefits of crystalline toning.

[Read More](#)



B.C.B.A. Weight Loss



B.C.B.A. Weight Loss is a natural way to lose weight and improve your health. It can help reduce stress, improve your mood, and boost your energy.

Read more about the health benefits of B.C.B.A. Weight Loss.

[Read More](#)

*Special - \$59 (40 min) Regular

\$110



MICHAEL IMANI, PH.D.

Profile

He is recognized as an expert in the alternative health field as an Alternative Medical Practitioner and is board certified through the American Alternative Medical Association. He also is a Holistic Health Practitioner certified through the American Association of Drugless Practitioners. As a digestive care expert in the area of colon cleansing, he is a national leader in the field of colon therapy. He is President Emeritus of the International Association of Colon Hygienists. He has trained colon hygienists from around the country at the Nile Wellness Center.

Experience

Director, Nile Wellness Center, Atlanta, Georgia 2006-Present

As Director at the Nile Wellness Center, he is responsible for directing the center's colon cleansing program. He has conducted thousands of colon cleansing procedures since 2006. The center also delivers a SMS digital health program that has allowed it to work with clients across the United States, South America, and Africa in the prevention of chronic disease (obesity-related diseases and type 2 diabetes). The Nile Wellness Center is an award winning Wellness Center. Voted the Best of Atlanta in 2008, 2009. The center was been selected in 2012. The center was voted Best Alternative Medical Practice in 2013.

Post Doctoral Studies, 2005-2006

Studied Autogenic Therapy under the late pioneering British psychotherapist, Vera Diamond.

Doctoral Candidate, American Pacific University, 1998-2004

Doctoral Candidate in Clinical Hypnotherapy.

Education

Duke Integrative Medicine, Duke University, Durham, North Carolina - Integrative Health Coach Professional Training

University of Oxford, Oxford, England - Postgraduate Diploma Organizational Leadership

Cornell University, Johnson School of Management, Certificate in Executive Leadership

Cornell, Certificate Plant Based Nutrition

University of Chicago, Booth School of Business - Psychology of Management

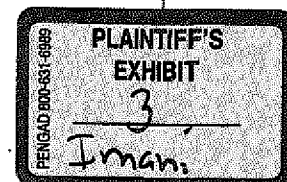
Coach U, Core Essentials Program

American Pacific University, Ph.D., Clinical Hypnotherapy

American Institute of Hypnotherapy, Irvine, California, Bachelor of Clinical Hypnotherapy

Skills

Application of non-trance state Ericksonian techniques to help clients clarify their vision and values for their health in an Integrative Health coaching framework. Supports individuals in making a transition to plant-based diets and prevention of chronic disease states.



IMANI NWC 0002

American Alternative Medical Association



Commission on Certification

This is to certify that

Dr. Michael Imani

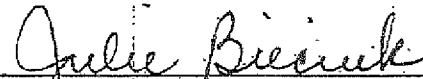
is recognized as a professional member and has been found to possess the qualifications required by the Board to be acknowledged as an expert in the health field as an Alternative Medical Practitioner with all the rights, privileges and responsibilities.



Board of Examiners

Has issued Certificate: 63053212 on this Date: December 24, 2012


Executive Director


Board Member

**AMERICAN ASSOCIATION OF DRUGLESS PRACTITIONERS
CERTIFICATION & ACCREDITATION BOARD
COMMISSION ON CERTIFICATION**

Mail to: 2200 Market Street, Suite 803
Galveston, TX 77550-1532
(888) 764-AADP or Fax (775) 703-5334

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EVALUATION APPLICATION

ONLY TYPED OR PRINTED APPLICATIONS ACCEPTED

Whenever additional space is required, please attach additional page.

Name: _____
Last First Middle

Current Home Address: _____

City/State: _____ Zip: _____

Business Address: _____

Home Telephone: () _____ Office: () _____

Birth date: _____ SSN#: _____ Sex: M _____ F _____

Place of Birth: _____
City County State Country

Height: _____ Weight: _____ Color Hair: _____ Color Eyes: _____

Citizen or legal resident of what country: _____

State or Country in which you are practicing or plan to practice: _____

EDUCATION

COLLEGE

Name Address From/To Degree(s) Date

HOLISTIC EDUCATION/TRAINING

School Certificate(s) Date

Other Certificates: _____



**Certification & Application Fee of \$285.00 (U.S. Funds) made
Payable to A.A.D.P.**

Did you include (please check):

- ☐ Signature on Application
- ☐ Current Photograph
- ☐ A Copy of Transcripts and/or information on other prior education (seminars, etc.)
- ☐ Application processing fee of \$25.00 (non-refundable)
- ☐ Certification fee of \$260.00 (refundable if not certified)
- ☐ All items filled in
- ☐ Copies of original documents
- ☐ Notarization (below)

**DO NOT WRITE IN
THIS AREA**

1ST _____

2ND _____

3rd _____

Other information you want to provide which will assist in evaluating your application: _____

MC/VISA: _____ Expiration Date: _____

Amount \$: _____

E-mail: _____

Web site: _____

(Attach additional page if necessary)

**I understand that laws may vary from one state to another. If certified,
I will become aware of, and abide by, any and all state regulations.**

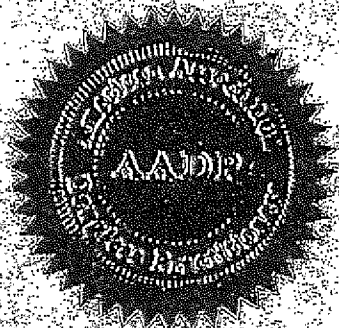
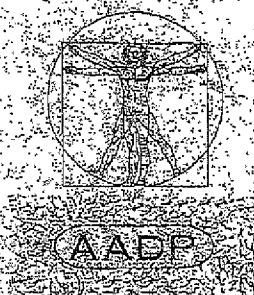
Signature of Applicant

Sworn to before me this _____ day of _____ 20____

Notary Public

My commission expires: _____

American Association of Drugless Practitioners



Commission on Certification

This is to certify that

Michael Imani M.D.

has met all professional and educational requirements of the Board and possesses the qualifications necessary and is recognized as an expert in the health field as a Holistic Health Practitioner with all the applicable rights, privileges and responsibilities.

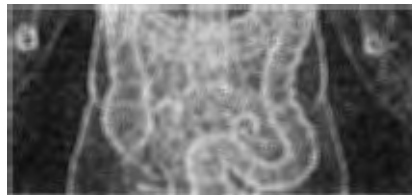
Certificate No. 19703212


President

December 24, 2012
Date


Board Member

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Benefits of Membership



The International Association of Colon Hygienists

The organization exists primarily for the professional development of its membership. It seeks to raise the collective knowledge base within and outside of the profession by adhering to the highest professional and ethical standards. The Association is dedicated to continuing professional development. The organization is open to any certified class 1 Hygienist anywhere in the world who meets the organization's standards for membership.

The History of Colon Cleansing

Colon cleansing is a very ancient method of treatment and healing. The use of enemas was recorded by the Egyptians as early as 1,500BCE, found in the Ebers of Papyrus, the earliest-known medical book, although it is known that the Chinese used such methods long before then. Moreover, Ayurvedic medicine included colon cleansing as did Hippocrates in Greece and Galen in Rome. In these earlier times people would use a hollow reed to allow the water to flow into the rectum for cleansing, help maintain health, and avoid disease.

The popularity of colon cleansing reached its apex in the 1920s to 1940s during which time it was used regularly by doctors in surgeries and hospitals. Since then, the use of this valuable health treatment significantly decreased until the resurgence of interest in complementary medicine during the last 10 years or so.

This 'grass-roots' movement towards people taking direct personal responsibility for their healthcare has given momentum to a return to this time-proven method of bowel and health management. The development of sophisticated colon irrigation machines and disposable equipment make this therapy both safe and convenient, adding to its current popularity and understanding of the benefits of maintaining a biologically balanced colon.

The basis of modern colon cleansing was first discussed in the book, *Colon Hygiene* by Dr. John Harvey Kellogg (1916). Also, by the herbalist Jethro Kloss, in his book, *Back to Eden* (1939), that remains in print. In the 1930s, Dr. Bernard Jensen administered thousands of colonics and the testimonials he received, stating the benefits of the treatment, helped at that time to popularize colon cleansing.

Many practitioners believe that *death begins in the colon* (known as the bowel, or known



anatomically as the large intestine). Being the major organ of elimination, the colon is susceptible to stagnation and the formation of decay and poisonous deposits. Therefore, it is essential to keep the colon free from putrefaction otherwise the products of decay spread beyond the colon to other organs causing a sort of auto-intoxication.

For example, in the brain and nervous system, it causes irritability and depression; in the heart, weakness and low energy; in the lungs, breathlessness and halitosis; in the digestive system, bloating and discomfort; in the blood, sallow and spotty skin. The general pace of toxemia may lead for example, to stomach ulcers, cancers, colitis, insomnia, muscle atrophy, and liver and kidney disease.

Moreover, in a report to the Royal Society of Medicine (1912) 36 poisonous substances were listed as causing, in the smallest quantities, the most profound effects. It would be reasonable to extrapolate from this that given today's use of additives, preservatives, insecticides, the range of chemicals used in the production of cosmetics, means that the situation has declined significantly rather than improved!

Many experience varying degrees of diarrhea, constipation, gas, and other digestive difficulties. As we have seen, the use of water to cleanse the colon has been practiced for centuries. Colon cleansing not only cleanses the colon, it helps to detoxify the whole body.

"Colonic irrigation is an undervalued and often forgotten treatment option, which deserves its rightful place among the other treatment modalities." (Kock SM)

"Irrigation of the distal part of the large bowel might be considered as a non-surgical alternative for patients with impaired continence." (Briel JW)

Of course, colon cleansing has its critics and controversy. Some people are critical about colon cleansing washing out beneficial intestinal flora, there is the risk of perforation of the colon, and that there is a risk of contamination. The important fact is that putrefied toxic material is removed, thus creating a positive environment for the assimilation of nutrients and a place where positive bacteria are able to flourish. There is no recorded case of perforation happening. It must be remembered that the water pressure administered is negligible compared with the pressure that can be exerted during normal defecation. Colon cleansing devices incorporate a valve system that prevents soiled water from returning to the water supply. Disposable equipment is used for each individual and after every treatment.

The Philosophy and Principles of Natural Therapeutics

Colon cleansing is a naturopathic or complementary treatment. It works naturally with the body's healing power and self-correcting mechanisms. The colon hygienist works in accordance with the following principles:

- . The body possesses an innate ability to heal itself, therefore the hygienist works with body's healing power, uses treatments which also do the same, and avoids treatments that may work against these natural mechanisms.

- . Deviation from the natural biological laws, and as a consequence a state of lost bodily equilibrium, results in disease. Hence, there is always an underlying cause to disease, be it physical, psychological, or emotional (known to alternative practitioners as the Triad of Health) which recognizes the natural relationship, connection, and interaction between these aspects of our bodily function and our life. In other words, treating the whole person. Health is therefore more than the absence of disease, it is also a state of physical, psychological, and emotional wellbeing.

- . Dysfunction in one area invariably leads to dysfunction elsewhere. Health and disease therefore represent a continuum that ranges from the absolute optimum of bodily performance and wellbeing to the extreme of degeneration, close to death.

- . So, because health and disease are a process, not literally states or conditions, they must be seen as relative terms that are constantly altering in one direction or the other. Health and disease are concepts that describe function or performance of the cell, organ, or bodily systems. Health is normal function, disease is an abnormal function.

Health reflects a dynamic quality where the internal performance of the bodily environment is conducive to its survival (although it seems genetic and congenital factors will impose limitations). With disease, the internal environment is not conducive to survival, there has been

a disturbance or challenge to balance (homeostasis), and the 'life-force' is endeavoring to influence physiological action, defend against cause, and utilize repair and immunity, in order to restore a more conducive environment. When this fails disease is manifested. Therefore, degeneration is the result of persistent physiological threats occurring in the body that remain ignored (often outside of awareness) and remain unresolved.

Colon cleansing will not cure on its own, but can provide the cleansed environment necessary for a better future.

The recognition of the existence of a vital curative force within the body (often referred to as the vital force or life force) means that treatment is aimed at improving curative energy by using various physical and biological stimuli to activate and strengthen bodily equilibrium (homeostasis). This means using agents and techniques found naturally. For example, water, herbs, adjustment of diet, exercise, and rest. Also adjustment and changes to our relationship to environmental (pollutants) and social factors. Note: the increasing burden on the body of iatrogenic disease, which is disease resulting from medical treatments, and their side effects.

Adherence to the laws of natural living will enhance the body's capacity to cure and by removing toxic substances and situations from our lifestyle, works to prevent the onset of disease/further disease. Prevention is better than cure!

The traditional treatments of acupressure and reflexology claim to utilize energy lines or meridians, and reflex points, to treat both symptoms and causes. Disturbance to the body's vibrational potential is due to: lowered vitality, abnormal composition of blood and lymph, and the accumulation of morbid materials and poisons. (Lindlar H, 1975).

The human organism is, therefore, a dynamic, automatically adjusting structure. Its stability is provided by the continuous operation of different physiological systems, thus changing the physical properties of biological tissues, temperature, magnetic, permeability, and electrical impedance. (Markerenko & Piotti, 2001).

Although most worthy of further scientific study and explanation, let us acknowledge the efforts of practitioners from earlier times whose treatments goals spoke of such factors as: achieving balance between bodily energies, making use of pressure points, using the breath to help create equilibrium, meditation, relaxation, massage, working with Chi, awareness of the Chakras; all linking the body and mind in order to create balance, reduce stress, and create inner harmony.

It is clear that colon cleansing will assist in improving and balancing elimination. Through detoxification of the body, digestion will be improved as absorption and excretion become appropriately balanced. Dietary adjustment will also improve, for example, blood-sugar levels and help balance the hormonal system, for example, the adrenals and thyroid glands.

The process of cure is the re-adjustment of the human organism from abnormal to normal conditions and functioning. No matter what the final symptoms or underlying pathology the same causative sequence of disease arising in five phases are as follows: (Issel J, 1975).

- . Causal factors, for example constitutional, genetic, structural, emotional, and nutritional, will lead to such conditions as abnormal intestinal flora/balance. (Note: the healthy bowel has around 85% friendly lactobacillus bacteria and around 15% unfriendly gas producing, *Bacillus coli*).
- . Secondary damage, for example, to cells, liver, intestines, and excretory system leading to toxicity.
- . Disease milieu, leading to lowered resistance and immunity, metabolic disturbance.
- . Susceptibility to infection, pathological damage, the development of disease.
- . Disease symptoms, for example, local inflammation, pain, necrosis (the death of some or all the cells in an organ or tissue), cysts, tumors, fever, fatigue, blood dyscrasia (abnormal state of the body or part of the body), anxiety, and depression.

As the result of evidence from his own investigations, analysis, and findings the German homeopath, Constantine Hering (who emigrated to American in the 1830s), observed that healing also occurs in a consistent pattern. He described the pattern in the form of three basic laws that homeopaths can use to see that healing is occurring. This pattern is used by acupuncturists, herbalists, and other healing disciplines.

According to Hering, **the first law of cure** is that healing progresses from the deepest part of the organism. Therefore, it develops from the mental and emotional levels and from the vital organs outward, to the external parts of the organism (our body) such as the skin and

extremities (hands, feet). This reflects the body's attempts to externalize disease, to dislodge it from the more serious internal levels/organs to the more 'superficial' external levels. Thus, someone with asthma may develop an external skin rash as part of the curative process.

The **second law** of cure states that as healing progresses symptoms appear and disappear in reverse order to their original appearance. The last symptoms to appear will be the first to go.

Hering's **third law** states that healing progresses from the upper parts of the body to the lower parts of the body. For example, a person is considered to be improving when pains that were once in their shoulders have now moved to their hips. As healing progresses, moving outwards and downwards from the deepest and higher parts of the body respectively, it is possible that the individual may experience unique symptoms becoming worse (known as a healing crisis) than they were before treatment was sought.

If the individual is truly healing they will feel stronger and somewhat better despite the aggravation, which before long will pass and leave her or him healthier at all levels. A healing crisis is the opposite of a disease yet in many ways feels the same. Symptoms are often similar although it is essential to make the distinction between symptoms of disease and those of the healing and treatment process. The healing crisis usually occurs after a period of increased wellbeing and may last for several days. Each healing crisis releases problems from the past, do not attempt to stop it! This may confuse the individual when the discomfort they feel is an indication of the body working to heal itself, from the inside out.

The healing crisis can activate the location of chronic settlements and toxins that create a weakness in the body. When old waste matter is disturbed it returns to the bloodstream and the process of elimination commences. It may be unpleasant to experience but necessary for healing to take place. As we know, one of the fastest and effective methods to promote healing is detoxification through colon cleansing.

Our health depends upon many factors. Colon hygienists pay particular attention to toxemia theories. These are based upon the belief that waste products of metabolism plus chemical toxins from food, (including free radicals), drugs, and the environment accumulate in the tissues causing cellular damage. This damage then obstructs the vital functions of the cells, including the accumulation of 'morbid matter'.

In all parts of the gastrointestinal tract there are glandular cells that secrete toxins. A large part the feces consists of such secretions.

There is increasing evidence to suggest that the rate of transit time is directly related to degenerative diseases. The need for fresh, natural foods with plenty of roughage is essential for healthy intestinal function, including the mechanical function of elimination and the development of beneficial intestinal flora.

Retained feces will lead to a state of 'dysbacteria' which is an abnormal mix of bacteria, which is considered to be a cause of cancer and other degenerative diseases. (Turner R N, 2000).

Moreover, changes in the permeability of the intestinal walls may lead to autointoxication and grossly damage the intestinal flora, which are also destroyed by antibiotics, steroids, and non-steroidal anti-inflammatory drugs. Where possible, let us utilize simple treatments before the more complex.

Many of the foregoing guiding principles can be traced back to Hippocrates (460-377BCE). The Hippocratic Oath (believed to have been written by Hippocrates), traditionally taken by physicians to refer to the ethical practice of medicine, was updated by the World Medical Association Declaration of Geneva, Physicians Oath (1948). In the United Kingdom, the General Medical Council provides clear modern guidance in the form of its 'Duties of a Doctor' and 'Good Medical Practice'.

Naturopathy, complementary, or alternative modalities have been described as the Western equivalent to Ayurvedic medicine (from India) and traditional Chinese Medicine, each being a total philosophy of health and life, rather than a 'cure' for specific symptoms and diseases.

This is the approach that colon hygienists are committed to and this approach is reflected in our training and in our interactions with those we encounter along their journey to wellness.

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INTERNATIONAL ASSOCIATION OF COLON HYGIENISTS Executive Board

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The organization's Board of Directors is composed of eight officers. The term of each office shall be for two years or until the next election of the Board of Directors.

President: Denise Strauss, Denise is a National Board Certified Colon Hydro-therapist, Certified Health Care Practitioner and owner of Vivo Wellness Center. She opened the doors as Healing Waters in 2004 and changed the name to Vivo Wellness Center in 2009. Denise continues to expand her knowledge in Naturopathic Studies to provide options for individuals seeking assistance outside of traditional health care.

Executive Vice-President: Donna Otey, Alpha Cleanse was established in 2000. Donna is a certified colon hydrotherapist. Donna is a certified instructor of colon hydrotherapy and operates a school for training in Fort Worth, Texas. She is a licensed massage therapist in the state of Texas since 1994.

Vice-President, Professional Development: Vanessa Galati, owner of Cleansing Concepts since 2008. She has been helping individuals transform their lives since 2005 after having applied holistic and natural approaches to her own life. She is a certified colon hydrotherapist having studied with D.A. Sanders of Supreme Organic Living.

Vice-President, Organizational Development: Cheryl Tyler, Infinity Health and Wellness, Philadelphia, Pennsylvania. Ms. Tyler holds a BA in both accounting and business. She also holds a certification in Plant-Based Nutrition from Cornell University. A U.S. Army veteran of nine (9) years. Further she has practiced in the areas of

holistic health and fitness for over 15 years. Ms. Tyler is a board-certified colon hydrotherapist.

Vice-President, Business Development: unfilled

Secretary, Diane Malloy, DIANE M. MALLOY, CEO, is a Certified Colon Hydro-Therapist, Certified Natural Health Professional and has her BA in Biblical Counseling. She has spent the last 20 years counseling individuals and groups toward greater health in spirit, mind, and body.

Treasurer, Pam Howard, received her Doctor of Pharmacy (Pharm.D) degree from Florida A & M University in 1994. She received a Natural Wellness Certificate in 2007 from Clayton College of Natural Health. She is also a Reiki Master of Usui Reiki certified by Master Linda Boyd. Dr. Pam is certified in colon hydrotherapy and a certified iridologist. She is currently working toward a PhD in Holistic Lifestyle Counseling.

President Emeritus: Michael Imani, Ph.D. Dr. Imani has worked in Mind/Body Medicine since 1997. He completed his post doctoral training in Autogenic Therapy under the late pioneering British psychotherapist, Vera Diamond through The Royal London Hospital for Integrated Medicine. He is the author of The Diet Code, 4 Steps to Permanent Weight Loss. He holds a certification in Plant-Based Nutrition from Cornell University. He is a member of the OBA at Oxford University.

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Code of Ethics & Practice



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Code of Ethics

The code of ethics is about the principles that relate to a hygienist's responsibility to clients, patients, colleagues, organizations to which he or she is associated and may be registered by, responsibility to the profession, as well as responsibility to society in general.

The ethical issues that we encounter as colon hygienists are the same as the moral concerns we all have to address and those upon which our laws and values are based. In other words, actions, by virtue of their consequences, are inherently right or good. Thus, the following ethical statements emphasize our obligations to others, respect for their rights and protection, and are intended to aid in the maintenance of the highest standards of conduct and professional practice.

. Colon hygienists must focus upon ensuring they give the individual their undivided attention by putting out of their mind their own problems, issues, personal concerns, and indeed problems from the previous client, by actively attending to the client and placing them 'first'.

. Colon hygienists must guard against any emotional involvement which may complicate the relationship.

. Colon hygienists must improve their knowledge and skill on a continuous basis so they are able to provide the very best standard of care to the client and contribute to the improvement and advancement of colon therapy, as well as any additional or other chosen therapy.

. Colon hygienists must consider the client according to holistic principles. By this we mean looking at the whole person and not only specific symptoms.

. Colon hygienists must honor and uphold the client's integrity, individuality, privacy, and maintain confidentiality.

. The above statements embrace the notion of personal difference including race, culture, age, gender, intellectual, and physical, as well as socioeconomic position. In short, the recognition that everyone is unique.

. Colon hygienists must record case records and clinical findings methodically and without distortion, and take full account of the client's right to inspect their own case record.

. Colon hygienists must never exploit the client. For example, by misusing their authority to dominate clients to the detriment of their wellbeing, or establishing a relationship which is outside the boundaries of their practitioner role. For example, asking a client to lend them money or to undertake specific tasks in a way that could be exploitative.

. Colon hygienists must never represent themselves in any way regarding their training and qualifications which may be misconstrued by clients as evidence of having an orthodox medical background if they do not have such training.

. Colon hygienists must be aware that adherence to and active promotion of the

foregoing code of ethics maintains the good name of the profession, practitioner register, and best serves the needs of clients.

Code of Practice

Any profession of worth must operate within a framework or code of practice which reflects its belief systems and operational principles. This is necessary to inform and assure users of the given service, that is the client, of what it is they may reasonably expect, and also to provide a structure for the practitioner.

In other words, the Code of Practice, in conjunction with the Code of Ethics and the philosophy informing helping are to establish standards for helping, and thereby inform and protect those persons seeking help. Together these Codes are the basis from which a proper and genuine professional practice should operate.

. The recognition of the client's right to express feelings openly as an essential part of the helping process, without the practitioner discouraging or condemning the expression of feelings.

. The colon hygienist will be involved in making evaluative judgements about the attitudes, actions, or feelings discussed or transmitted by the client. As a consequence, the client must adopt a non-judgmental attitude and, in doing so, exclude assigning guilt or innocence to the client.

. The client has the right to self-determination in making their choices and decisions. The helping process directly involves the client in exploring treatment options within the framework of their own capacity and responsibility to make and 'own' those choices.

. The colon hygienist has the professional obligation to preserve the confidentiality of the personal disclosures shared by the client. Therefore, 'treating with confidence' means not revealing any information

through any public medium which could lead to the identification of the client.

. The colon hygienist must ensure appropriate privacy is afforded to the client, as well as sensitivity to all matters associated with modesty.

. The colon hygienist must assume full responsibility for their personal hygiene, safe working practices, clean clothing, sterile gloves, and infection control.

. Towels and gowns and any other items used in treatment must be clean and in good repair, and where appropriate be sterile.

. Surfaces must be cleaned and disinfected before and after each client, in particular, areas subject to soiling. For example, couch, door knobs, toilet seat, flush handle, and taps.

. Disposable specula and piping must be used and discarded safely, including other items, for example, incontinence pads, gloves, couch paper, or other throwaway soiled articles.

. Fecal matter, blood, vomit, and bodily fluids pose a serious health risk and must be cleaned-up immediately using disposable gloves, bleach, and appropriate disposable. (Disinfectants do not sterilize. Bleach must be used for dealing with spillages of body fluid; detergent and hot water for general cleaning and wiping down. Use disinfectants for cleaning the colon hydrotherapy machine and wiping down all other surfaces in the treatment area). The floor of the treatment area must be provided with a smooth impervious surface or covering. The local health department must be advised within 24 hours of learning of any infections or complications arising from any colon cleansing procedure.

. Colon cleansing devices must be fitted in accordance with the instructions of the manufacturers, be fitted with a suitable water filter, be equipped with non-return valves in order to protect the water

supply, and there must be a mechanical break between the main water supply and the client. The temperature of the water coming through the speculum should normally be between (92 and 104 degrees Fahrenheit) and must never be exceeded.

. The treatment area must be used solely for treatments and have a constant supply of hot and cold water and a wash basin for the colon hygienist's own use.

. A toilet, wash basin, and a waste bin for sanitary towels and soiled articles must be available, during working hours, for the client's exclusive use.

. A first-aid kit must be on site, and it is recommended that each practitioner completes first aid training and subsequently repeats the training in accordance with the Health and Safety requirements.

. The colon hygienist must ensure: health and safety risk assessments of their place of work, fire safety drills and checks, and electrical equipment checks are completed annually by appropriately qualified and approved persons and certified accordingly.

. Access for disabled persons should be provided at the premises.

. Anyone under the age of 18 must be accompanied by their parent or guardian who must also take full responsibility for signing the consent form prior to any treatment commencing.

. Practitioners must retain (and display) at their place of work a copy of qualification certificates and Code of Ethics.

. Practitioners must be conversant with the legislation that informs the operation of a practice and conduct their business and the maintenance of all the necessary records (including storage) accordingly.

Certification



The International Association of Colon Hygienists

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IACH is a Self-regulating Certifying and Continuing Professional Education organization for colon hygienists and colon therapists

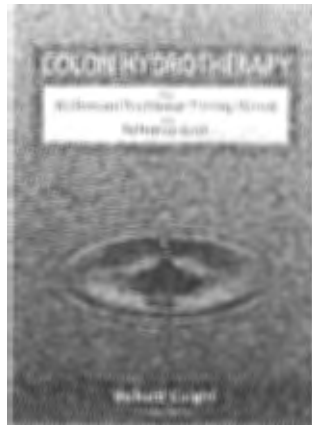
General Membership Requirement

1. Your **signed IACH membership application**
2. A **copy of either your high school diploma or GED, or equivalent, or college degree.**
3. A **copy of postsecondary level or college level Anatomy and Physiology** (equivalent to 3 college semester hours) prior to certification.
4. A copy of your current **CPR card** (prior to certification)
5. A **copy of your** professional colon hygienist or colon hydrotherapist **training certification** to provide evidence of your graduation **from an IACH, I-ACT, or GPACT approved training facility.** (For untrained practitioners, see training opportunities below).
6. A **copy of your resume or curriculum vitae** and your **website address, LinkedIn page, and Facebook page** (so we may provide links to your page from the IACH page).
7. Please provide **copies of all professional certifications and degrees.**
8. Please provide **photos of your therapy room(s) and restroom(s), waiting areas, flooring, and colon cleansing device(s).**
9. Please provide **a copy our intake form.**
10. Please provide **proof of your professional malpractice and liability insurance.**
11. ***All requirements must be completed within 90 days of completion of certification course.**

Foundation Training Cost for IACH certification training - \$2,000.00

The colon hygienist training course criteria is designed to be a balance between theoretical and practical work, and allow time for reflection, and acquisition of skills and knowledge. The course is likely to run approximately 100 hours, including time for examination and viva voce. Forty hours home-study is also recommended. The entry level training manual of the organization is Colon Hydrotherapy: The Professional Practitioner Training Manual and Reference Book by Dr.

Richard Knight.



This book is a major contribution to the profession of colon hydrotherapy. It is written for practitioners and students of colon hydrotherapy. This book is about best practice, and thereby correctly places the patient at the center of its discourse. In doing so, it brings together: 1) The core issues associated with colon hydrotherapy: case taking, diagnosis, and treatment; 2) Provides a comprehensive discussion of anatomy, physiology, and principles of natural therapeutics; 3) Clarifies the diseases and symptoms suitable for treatment, and provides examples of issues relevant for discussion with the patient regarding the development of given treatment plans; 4) Explores the relevance of diet, nutrition, naturopathic and other complementary medicine modalities; 5) Discusses the psychological, emotional and psychosomatic aspects associated with feeling and being unwell; 6) Includes a range of useful and informative tables and drawings which support the text.

The course will cover:

- . The history of Colon Hydrotherapy
- . The Principles of Hydrotherapy
- . A Synopsis of the Key Issues Concerning New Clients
- . Hygiene, Cross-infection Concerns, and Preventative Measures
- . The Gastrointestinal Tract and Motility
- . Diseases of the Colon
- . The Contraindications of Colon Hydrotherapy Treatment
- . The Indications for Colon Hydrotherapy Treatment
- . The Five Systems of Elimination
- . Cleansing and Detoxification Diets
- . Diets and Nutrition

Colenz Device Training Cost - \$400.00

IACH offers a one-day training on the Colenz Class 1 device users who already hold a foundation certification, but have not been trained on the Colenz and who would like to carry the professional liability insurance available to Colenz users.

IACH Certifying Facilities in the United States

Atlanta, Georgia

The Nile Wellness Center
www.nilewellnesscenter.com
nilewellnesscenter@me.com
 T - 770-454-1363
 Michael Imani

Lyonia, Michigan

Vivo Wellness
www.vivowellnesscenter.com
rlax@vivowellnesscenter.com
 T - 734-525-5400
 C- 734-679-6141
 Denise Strauss

Westbury, New York

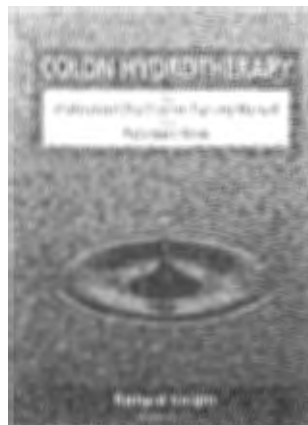
Cleansing Concepts
www.cleansingconceptsinc.com
info@cleansingconceptsinc.com
 T - 516.640.5322
 Vanessa Galati

Philadelphia, Pennsylvania

Infinity Health and Wellness
www.infinityhealthwellness.com
cheryl@infinityhealthwellness.com
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 Cheryl Tyler

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Alpha Cleanse
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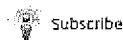
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The Inside Tract

Here is a group of podcasts intended to provide knowledge regarding your wellness.

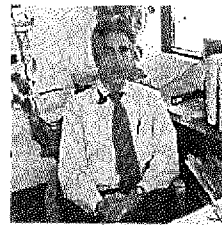
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Gut Sense

Gut Sense is the IACH and IBCH blog dedicated to providing information regarding your overall wellness and your digestive health in particular.

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Constipation

Wednesday, April 6, 2011

What Is It?

Constipation may be defined as infrequent or incomplete bowel movements often characterized by stools that are hard, dry and difficult to pass due to slow transit time through the...

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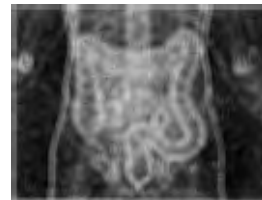
Candidiasis

Tuesday, April 5, 2011

What Is It?

The presence of Candida albicans, a benign sugar-fermenting yeast, in various parts of the body-the skin, the genitals and especially the intestinal tract- is entirely normal. In small...

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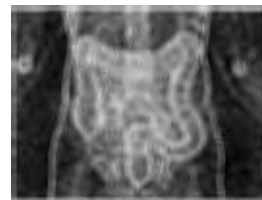
Appendicitis

Tuesday, March 29, 2011

What Is It?

The appendix is a small tubular structure attached to the right side of the cecum, the lower right portion of the large intestine (colon). Appendicitis is either an acute or chronic...

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Lactose Intolerance

Monday, March 28, 2011

What Is It?

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
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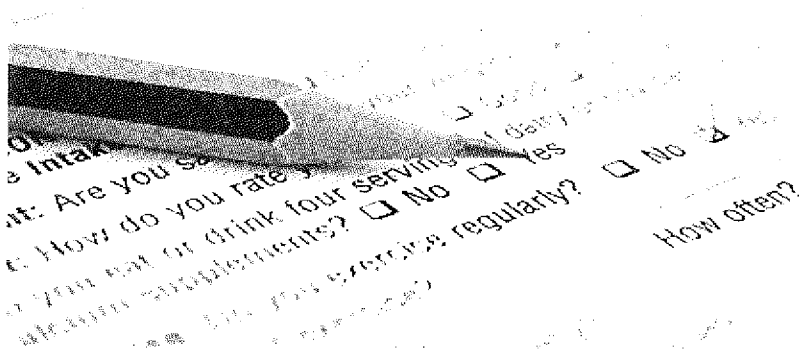
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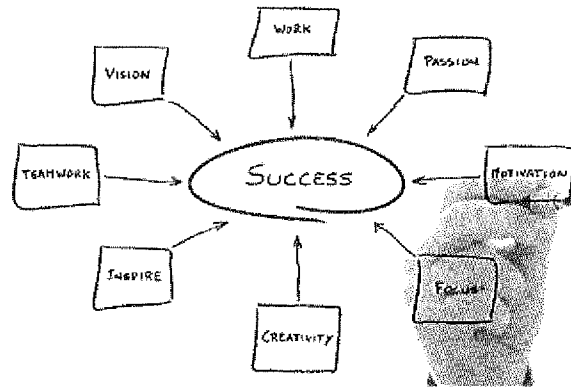


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Frequently Asked Questions

Question: If I graduated from an I-ACT sanctioned school and/or I am certified with another organization such as I-ACT, will my previous training and certification be recognized?

Answer: YES, we will "Grandfather " I-ACT school graduates and or members into the IACH.

Question: What if I have worked in an I-ACT sanctioned facility and have actual hands-on experience of at least 6 months, but have not set for the exam.... what can I do to now become certified?

Answer: In this case, you would be able to sit for the exam once we have documented your hands-on experience.

Question: How will meetings be held? How often?

Answer: IACH exists primarily as an organization that exists primarily for the professional development of its members. We plan to conduct most meetings electronically.

Question: How much are the annual membership dues?

Answer: \$99.00 annually

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IACH is one of three professional certification options that exist in the United States. IACH is the only one of the three that is open to Class I operators.

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The organization will offer online courses in decision making, motivation, leadership, teams, culture, change, and strategy.

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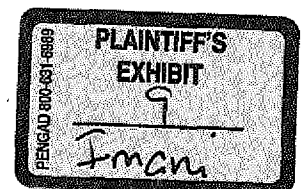
The IACH will be the certifying body for colon hygienists. This is a unique distinction from that of colon hydrotherapist.

INSTALLATION AND REPAIR
(as part of limited warranty)

To insure a successful installation of these devices, the owner must provide the following:

1. The system must be set up and the plumbing connected as directed by Ultimate Concepts. The owner must not alter the system in any way.
2. Have the water district serving your area test the water pressure (PSI). The pressure must at least 40 pounds per square inch outside and inside the building.
3. The sewer drain must slope at least 1/4" per foot or 1" per 4 feet. The drain must be in the floor, not the wall. There must be no "P" traps downstream in the sewer. This is code for all areas.
4. The room must be large enough for the person using the device to be able to work behind the console and have enough room at the head end for the tallest person using it to lie comfortably on it.
5. If the owner requests a representative from Ultimate Concepts to perform on site training for the device. A \$400 training credit is built into the cost of the machine. With this credit, our representative will come to the owner's location to train or the owner can come to our location to train. The credit may not be used as a discount.
6. If a problem arises with the device as a result of a factory defect, Ultimate Concepts will send a representative to perform necessary repairs on the device. In this case, Ultimate Concepts will be responsible for all costs incurred.
7. If a problem arises with the device due to the fault of the owner, Ultimate Concepts will send a representative at the request of the owner. The owner will be responsible for all charges incurred by the representative (including airfare, lodging, transportation, meals, actual repair time, parts and materials). This must be agreed in writing before the representative is sent.
8. Some components used in the building of the device are purchased by Ultimate Concepts. These manufacturers provide the warranties on their components. All claims for repairs on these components must be handled by the manufacturer of these products.
 - A. Fiberglass (table and console): warranted by Ultimate Concepts.
 - B. The enema board and reservoirs will be warranted by Ultimate Concepts.
 - C. Water Filtration System: Parker Manufacturing, Ph: 208-522-8915
 - D. Minor wear and tear items will be replaced by the owner as needed.
9. Ultimate Concepts does not install the water purification system. A plumber or handyman with plumbing experience does this. Filter cartridges should be changed every 2 1/2 to 3 months and can be purchased from Ultimate Concepts.

Eldon L. Lowder, President of Ultimate Concepts



IMANI NWC 0248

OWNERS MANUAL
FOR CLASS I ULTIMATE ENEMA CLEANSING SYSTEM
(Must be read thoroughly before operating the system)

This system has been patented and any person who plagiarizes any part of it will be prosecuted.

The system comes to you in six parts; the table, the upright utility console, the mini-pail, the tubing, the pad and the enema board, which lies on the table over the bowl.

Note: The foot end of the table is where the console will be attached. The fan housing is there. The head end, as it will be referred to in this document, is the other end. The right side of the unit is defined as the right side as you stand at the head end facing the console. Our molds are made with the controls on the left side of the unit.

Place the console on the foot end of the table with the aqua side toward the head of the table. Use the small wire tool wrapped with the bundle of supply lines to line up the predrilled holes and secure the console to the table using the four screws and collars provided.

The supply lines under the table are fed up through the three-inch hole near the foot of the table. The supply lines are color-coded. Attach each line to its coordinated fitting (red to red, etc). Do not screw these fittings on too tight, finger tight and one half turn should be enough. If they leak when you turn on the water pressure, tighten them a little more.

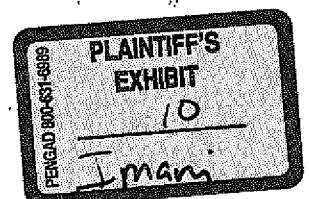
The copper pipe and valves attached to the inside wall of the cabinet on the left wall are the manifolds. They distribute the cold and warm water to the system. Near the bottom of the cold manifold is a male iron pipe adapter. This is the fitting that attaches the cold water supply line to the cold water source in the building. A temperature control valve is purchased from another company and installed in the plumbing system of the home or office by a plumber. The water heater must be set at 120 degrees. The owner adjusts the temperature knob (blue is cooler, red is warmer) to their desire temperature. The warm and cold supply lines are attached to the master valves at the foot end to be attached to the source water lines of the home or office.

With the water pressure turned on look under the skirt. On the left side of the table, near the foot end, there is a pressure adjustment valve. While someone holds the valve open on the spray wand, adjust the pressure to the desired water flow so it will not spray too hard when the user uses it to wash himself. This should be the only time you will have to adjust it. Do not put too much water pressure on the wand. The O-ring on the spray valve may be damaged and will need to be replaced.

Plug the male electrical cord under the skirt near the foot end of the table into the 110-volt electrical source in the building. (A ground fault interrupter is there for your safety).

The removable enema board on which the user lies is placed on top of the large bowl with the dome at the foot end of the table.

The water temperature on the temperature control valve in the plumbing system of the home or office has been preset and tested at a comfortable setting by the plumber. Inside the console, under the manifold is a junction where warm water is introduced to the system. Attached to the junction is a valve. Opening this valve will allow the water to pour directly into the catch basin until the water from the source has reached the desire temperature. The valve is then closed and the valve leading up to the reservoir is opened.



allowing the reservoir to fill. The temperature valve maintains the degree it is set at by the plumber. Once this is set you should not have to adjust it again.

With the user lying on the enema board face up, and with the head at the head end and the feet in the provided area, have the user insert the 1/4" nozzle into the rectum. A little lubricant will help. As a safety precaution, the nozzle is held firm by a sleeve so it can not enter the body more than three inches. If you push the sleeve too hard into the hole in the dome, it will be difficult to pull back out. **THE NOZZLE MUST NOT BE ALLOWED TO GO MORE THAN THREE INCHES INTO THE USER.**

Turn the fan spray valve on creating a gentle rainstorm in the toilet bowl under the cleansing board. Keep the pressure low enough so it does not splash back on the user. This will keep the system clean. The curtain of water over the area also controls the odor.

Turn on the vacuum fan switch to draw away any foul odor. Also open the valve near it. When the user is finished, turn off the fan switch, and close the valve to allow the trap to fill with water causing a blockage between the sewer and the room. A constant drip into the trap fills it in a short time. The switch and the valve are near the bottom of the skirt on the left side at the foot end. They are near each other to remind the operator to close the valve when the switch is turned off and visa versa.

The valve controlling the drip is found under the skirt at the rear of the table and must be closed before the master valves are turned on for the first time. To set this drip, remove the lid to the fan housing by removing the screws holding the lid in place. Be sure the fan is turned off and pull the fan out. Flash a light down into the hole at the bottom of the fan housing. Look closely for a small drip leaking down into the trap. Turn the valve to adjust as necessary. Replace the fan and the cover and screws. Once the correct amount of drip has been set, it should not need to be adjusted again.

The power spray is at the bottom of the bowl and is about three inches from the drain. It is placed there so the full pressure of the water from the building is directed to the center of the drain hole. The valve is on the inside wall on the left side of the cabinet on the cold manifold (it is labeled). When this is turned on the water pressure breaks up any large debris and blasts it down the drain. The drain is 1 1/2" in Diameter and extends only three inches at that diameter where it increases to 2 inches. There should be no worry of clogging the sewer. The power spray will empty the bowel in a very short time. When the system has been sterilized there should be enough water left in the bottom of the bowl to fill the trap. The bowl functions and serves the same purpose as your toilet bowl at home. Leave about as much water in it as you have in your toilet bowl when you are finished.

The spray wand, at the deep end of the bowl on the right side is for the users to wash themselves after the cleansing; also, for the operator to use as is needed to clean the system. It is set at the same temperature as the warm water tank.

We advise the help of good medical doctors to guide you and your patrons.

Law prohibits us, from making any claims as a result of using this system. Our only claim is that it is the safest, most comfortable, easiest to sterilize, allows the most privacy for the users, the easiest to use and maintain of any device used for this purpose today.

If you can use a screwdriver, a pair of pliers and an open-end wrench you can repair this system, it does not require a professional to do it. Except for the parts I manufacture or have purchased from providers, anything you may need can be purchased at your local home improvement store. I built it so it should last for your grandchildren to give to their grandchildren and work as well as it did when it was new.

The nozzles are flexible so they are comfortable for the user, they bend easily so they can cause no harm. The nozzle enters the system from the top of the rounded catch basin at an angle, allowing it to bend back if the user applies too much pressure. It does not come straight at the user like a lance. If pressure is placed on it, it will give easily and yet it will not come out when the user expels.

The rounded dome is designed so the debris glances away from the user. Many competitive products allow the debris to splash back on the user and need a lid to stop splashing. Women often get vaginal infections from improperly designed units.

The items purchased for the production of this system are guaranteed by the individual manufacturers. Wear and tear items will need to be replaced or repaired from time to time at the owner's expense.

Thank you for purchasing the Ultimate Enema Cleansing System, we appreciate your business and are anxious to be as helpful as possible to make your experience with our products an enjoyable one.

The above is for systems connected to sewers. The following are the changes to be made to allow it to be used with septic tanks:

Lying on your back look to where the sewer and vacuum lines connect, then look upstream on the vacuum line and you will see an 8" long piece of sewer line. Cut the line 2" upstream from the junction of the sewer and vacuum lines and cap the sewer line off. This leaves the vacuum line free to be run wherever you choose.

Trouble Shooting

1. The power spray has lost power and takes additional time to wash the debris out of the bowl.

Most of the time, a lack of pressure in the power spray is a result of a dirty filter in the Pure Water Plus. The charcoal filter should be changed at least every four months, however, if there is a lot of sediment in the water supply, the filter may need to be changed more frequently. If changing the charcoal filter does not seem to fix the problem, check the micron or giardia filter. This can be done by taking the filter out of the blue cartridge and testing the pressure without the filter out. If this solves the pressure problem, replace the micron filter. Typically the micron filter should be replaced after a year. Something else to check is to make sure that all of the valves are open fully. This includes the valves to and from the water purifier as well as any shut off valves to and from the temperature control valves.

2. There is an odor in the Colenz room when I arrive in the morning.

If the vacuum trap valve is not closed before the water in the tanks is completely drained, the p-trap under the vacuum fan will not be full of water and will allow the sewer gases to come into the room. After you close the valve, make sure there is water draining. If not, put some additional water in the warm tank before turning off the master valves. Sewer gas can also come through the drain in the bowl if water is not left at the bottom of the bowl after the power spray is turned off. Sometimes the power spray has too much force and drains too much water. Use the hand spray to fill the water in the bowl high enough to cover the drain. During times of storminess, the excess drainage in the sewer system can cause additional pressure from the sewer gas and may temporarily overpower the fan.

3. The vacuum fan will not turn on.

The power in the machine runs through a GFI (ground fault interrupt) switch to prevent any electrical shocks. Push the reset button on the GFI plug under the foot end of the table. Simply follow the power cord from the wall to where it enters the machine. If this doesn't solve the problem, check to see if there is power in the GFI plug by plugging an appliance into the outlet and test for power. If there is power at the plug but the fan does not come on, remove the fan housing cover and make sure the fan is plugged securely into the power cord. If there is no power in the GFI plug, plug the appliance into the wall outlet where the machine is plugged in to assure that there is power in that outlet. If there is no power here, check your electrical breakers or call an electrician. If there is power here, try the GFI reset again (sometimes it requires a lot of pressure). If these procedures don't work, call Bryan @ 801-755-2887.



4. Some clients that seem to have a good release but there is very little material in the bowl at the end of the colenz.

If the fecal matter is loose and soft, allot will break up in the water and run over the top of the drain during the procedure. During the colenz, there is approximately 15 gallons of water that runs through the colon plus the clear water that comes from the fan spray. The bowl will hold about 3 gallons of that water before it goes over the trap and down the sewer. The solid hard pieces and stones will remain in the bowl until flushed away but allot of the soft brown water will drain. If you desire to have more of the brown water, cholesterol and Candida remain in the bowl for inspection; do not use the fan spray. You will have slightly more odor and the water will be hard to see through, but there will be more material left in the bowl.

5. My client is on the table with the nozzle inserted but they don't feel the water flowing into the rectum.

Before the client is on the table, make sure the water comes out of the nozzle. If it doesn't flow at this point, make sure the check valve is pointed the right direction (look for the arrow) and eliminate any air locks. Make sure there is water in the tank and that the *warm to user* valve is open. If you are not using the cold water, close the *cold to user* valve. If water was flowing before the client inserted the nozzle, but it doesn't seem to be flowing into the rectum, instruct the client to move closer to the scoop allowing the nozzle to go deeper into the rectum. Consider using an 11" nozzle, if the client is carrying some extra padding on their gluts. If the insertion seems to be correct but there is still no flow, pull the user tubing out of the check valve, turn on the user valve until water flows then reinsert into the check valve and have the client turn it on. There have been some clients that are so packed up and constipated that they may need a suppository to clear the rectum before the colenz. Make sure that they use the suppository by themselves since we do not diagnose, treat or cure any illness or condition.

6. My water purifier is beeping. What do I do?

The UV-light on the purifier is rated for one year. When the transformer senses a lack of effectiveness in the bulb, it begins to beep. The newer transformers actually have a display that counts down the 365 days. When the transformer reads 0 or senses that the bulb is ineffective, the beeping begins. There is a reset button on the transformer that will stop the beeping for 7 days. You can actually reset the transformer 4 times before it will keep beeping until you change the light. When you change the light, begin by disconnecting the power cord. After you replace the bulb, hold down the reset button as you connect the power cord. This will reset the transformer for another 365 days.

Colonic Irrigations: A Review of the Historical Controversy and the Potential for Adverse Effects

Douglas G. Richards, Ph.D., David L. McMillin, M.A.,
Eric A. Mein, M.D., Carl D. Nelson, D.C.

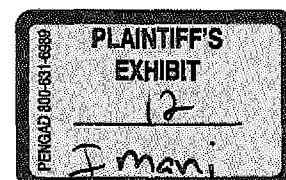
Abstract

Colonic irrigations enjoy widespread popularity in the alternative medicine community, while being viewed with considerable skepticism by the conventional medical community. While proponents make claims of substantial health benefits, skeptics cite the lack of evidence for health benefits, and emphasize the potential for adverse effects. Yet historically, there are clinical reports of effectiveness, and virtually no research refuting these reports. Instead there was a campaign against exaggerated claims by non-medical practitioners that resulted in a movement away from this form of therapy without any scientific study of efficacy. Given the current popularity of colonic irrigations, it is important that such research be performed, but it is first necessary that a quantitative estimate of the potential for adverse effects be made for the purposes of informed consent. Although there is little specific literature on colonic irrigations, a review of the literature on related procedures such as enemas and sigmoidoscopies suggests that the risk of serious adverse effects is very low when the irrigations are performed by trained personnel using appropriate equipment.

Introduction

Colonic irrigations enjoy widespread popularity in the alternative medicine community, while being viewed with considerable skepticism by the conventional medical community. The medical objections include a belief that scientific research has proven that colonics are not effective therapy, and that they pose a high risk of serious adverse effects (e.g., infection, perforation of the wall of the colon) (Ernst, 1997). Furthermore there is a concern that those administering colonics are primarily unlicensed, non-medical practitioners who make exaggerated claims of health benefits, "quacks" (Barrett, 2004; Jarvis, 2004). Our interest arose from the need for information on the safety and efficacy of colonics for informed consent for clinicians and researchers. We found that there is very little information on either the safety or efficacy of colonic irrigations, and that modern sources have not addressed the historical debate among medical professionals.

The goal of this paper is to provide a balanced perspective for clinicians and researchers through a review of the historical information on the safety and efficacy of colonic irrigations, and bring in relevant information on adverse effects from related procedures (e.g., enemas and sigmoidoscopies). Although there have been many books promoting colonic irrigations and making claims of efficacy for a wide variety of conditions (e.g., Tyrrell, 1913; Jensen, 19xx), this paper will look primarily at the peer-reviewed literature, rather than attempting to evaluate those claims.



This paper will use the terms “colonic irrigation,” “colonic,” and “colon hydrotherapy” interchangeably. The term “colonic irrigation” has never referred to a single procedure, but there are some common elements. Colonics are distinguished from enemas in that (1) they are not self-administered, but instead are administered by a person with some professional training, and (2) they are administered using some type of device to control the water flow. Their purpose is to infuse the entire colon with water, in contrast to the more limited infusion of water in an enema. In its modern form, the forty-five minute procedure involves a gentle infusion of warm, filtered water into the rectum. The water circulates throughout the colon, removing its contents, while the client lies on a table. Water temperature and pressure are closely monitored and regulated during a series of fills and releases to aid in the peristaltic action of the colon. As the method involves an enclosed system, the waste materials are removed without the unpleasant odors or discomfort usually associated with enemas.

The modern medical attitude toward colonic irrigations suffers from a lack of information about the historical debate on their safety and efficacy. The history that has been presented by some modern authors (e.g., Ernst, 1997; Whorton, 2000) does not address the debate among physicians regarding the value of colonics, instead focusing on the campaign against the practitioners with exaggerated claims, called “quacks” by their opponents. Ernst states that in the early 1900s, “rigorous scientific investigation into the theory of autointoxication was initiated for the first time. The hypothesis was soon found to be wrong.” A search of the literature, however, reveals little evidence of scientific investigation. In parallel with the crusade against quackery, there was a reasoned debate among physicians, conducted in JAMA and other medical journals, on the therapeutic value of colonics. That debate was not resolved by scientific research on colonics, but rather from a combination of hostility toward colonics by the opponents of quackery that made it difficult for research to be done, and the shift in medical practice from physical therapies to drug therapies. Here we look at the literature from the 1920s and 30s that shows a serious debate on the value of colonics, beginning with a historical overview.

Historical Background

The rationale for colonic irrigation was originally based on the concept of “autointoxication.” Autointoxication is an ancient theory based on the belief that toxins originating in the intestine can enter the circulation and poison the body. The idea probably originated in Egypt or Greece. Until the early 20th century, autointoxication was widely accepted, and various therapies were commonly used for a variety of systemic disorders. The modern colonic machine was developed about one hundred years ago as a gentler alternative to the more extreme treatments of surgery and purgatives.

Whorton (2000) provides a detailed history of the concepts of constipation, inner hygiene and colon cleansing. He describes in eloquent detail the rationale behind regarding the colon as a “toxic sewer” responsible for disease in the 1800s. In the late 1800s, “Thanks to the germ theory, constipation was transformed into an even greater menace: autointoxication” (Whorton, 2000, p. 22). Whorton explains the concept of autointoxication: “The term was generally understood to denote intoxication of the body by absorption of poisonous compounds from the large intestine” (p. 22). “Autointoxication made a great deal of sense. Poisoning from the bowel had always had

a powerful intuitive appeal, and now this age-old suspicion appeared to have the blessing of modern bacteriological science" (p. 24). The autointoxication concept enjoyed a golden age from 1900 into the 1930s.

Colonic irrigations as a treatment for autointoxication became popular in the late 1800s and early 1900s. An early English version was known as the "Harrogate System of Intestinal Lavage," and in the years around 1905 15,000 patients annually were receiving irrigations at the Harrogate spa (Whorton, 2000). According to Whorton, colonic irrigations were popular among physicians and frequently prescribed. This was quite reasonable. Enemas and colonics were seen as substitutes for laxative pills and their dangers. Kelvins (1995) cites a variety of respected physicians of the time who advocated colonic irrigations, noting that even the Royal Society of Medicine in 1913 cited the colon as a major factor in health. But by 1918, "autointoxication was already falling out of professional favor, and drug therapy entering an era of revolutionary expansion that would relegate spa therapy and like traditional methods to quaint obsolescence in most physicians' minds" (Whorton, 2000, p. 123).

Nevertheless, colonic irrigation remained popular as a therapy. "Irrigationists flocked to the field from all corners; from the conscientious MD who still believed in autointoxication but wished to purify the bowel without harsh drugs, to the amoral quack who saw a bull market and grabbed it by the horns, an irrigationist of some stripe was never far from hand during the 1920s and '30s" (Whorton, 2000, p. 136).

Whorton (2000) says, "By the 1930s, most physicians no longer believed in autointoxication, and doubted that real gastrointestinal problems would benefit from lavage, either. The majority demonstrated a 'prevalent tendency to ridicule' that frustrated irrigation's proponents.... Snide dismissals of that sort – and they were common – betray an emotional overlay on the objective medical evaluation of lavage. Even the most sober and fair minded physicians found it difficult to be dispassionate about colonic irrigation and evaluate it purely on its merits, because of their anger at the rampant exploitation of public gullibility by bowel purity hucksters" (p. 138).

The political reaction against lay practitioners is most clearly seen in the position of Arthur Cramp, in what was originally called the "Propaganda Department" of the American Medical Association (Ernst, 1997). The book, *Nostrums and Quackery*, that he edited for the AMA Press (Cramp, 1911, 1921), particularly takes issue with Charles Tyrrell's "J.B.L. Cascade," a home enema device that consisted of a water-filled cushion with a nozzle. The criticism comes in a chapter on "Mechanical Fakes." The issue is not that the device does not clean the colon, but that Tyrrell makes excessive claims in his advertising, such as "there is *only one disease*," and "there is *only one cause for disease* and that is autointoxication" (Cramp, 1911, p. 312, italics in original). Cramp says, "It is unnecessary to tell physicians that the claims made by Tyrrell for his 'J.B.L. Cascade' are as silly as they are false. It is equally unnecessary to tell them that indiscriminate use of rectal enemas is not only harmful but may be dangerous" (Cramp, 1911, p. 314). A later edition of the book says that for enemas, "The common fountain syringe is both safer and more efficient" (Cramp, 1921, p. 705). The primary criticism, again, is the excessive advertising, "Tyrrell urges the public to take rectal enemas both in sickness and in health – in other words, as a routine part of one's living. This advice is mischievous to the point

of viciousness. The 'enema habit' is just as harmful as the 'cathartic habit'" (p. 705). Wharton's (2000) book also documents many letters sent by Cramp criticizing colonic irrigations in general and the J.B.L. Cascade in particular.

Wharton's book may be somewhat biased in favor of the official position of the American Medical Association; he acknowledges that a major source of research material was the collection in the AMA's "Historical Health Fraud and Alternative Medicine Collection" in Chicago. A reading of JAMA and other journals of the time offers a somewhat different picture. Despite the concern with "quackery" and the extravagant claims of lay practitioners, conventional MDs continued to debate the usefulness of colonics well into the 1930s.

For example, despite the anti-colonic stance of Cramp and his committee, the editor of JAMA (1927) was willing to provide specific advice to a medical doctor with a question on whether claims for a specific colon tube used in high colonic irrigations were extravagant. The response gave a favorable description of the tube and how it can be passed into the colon. Again, there seem to be two separate communities, the anti-quackery advocates, and the doctors seriously interested in the therapeutic possibilities of colonic irrigations.

There seem to have been several trends that combined to marginalize colonic irrigation. The first was a change in philosophy in the medical profession, toward relying more on drug therapy and less on various types of physical therapies. The second was a political reaction against lay practitioners, "quacks," distinguished by their excessive claims and aggressive marketing practices (in contrast to the orthodox medical shunning of advertising). The third was a lack of scientific evidence for the efficacy of colonics.

Experimental Research Related to Colonic Irrigations

Notably absent, both from Whorton's (2000) historical account, and reviews like that of Ernst (1997) are references to objective research (controlled or otherwise) on either the safety or efficacy of colonic irrigations. Ernst cites Donaldson (1922) as refuting the autointoxication hypothesis, yet Donaldson's study involved enemas, not colonic irrigations, had only five subjects, and ruled out autointoxication only by inference. In fact, Donaldson demonstrated a strong positive subjective effect from relief of constipation, for which he could only speculate on the mechanism. We have been unable to find any other examples of experimental investigation of colonic irrigations. All the evidence presented on both sides of the question comes from clinical experience and opinion, not "rigorous scientific investigation."

Donaldson's results are actually supportive of the clinical value of enemas. Donaldson, skeptical of the autointoxication hypothesis, performed an experimental study in which five subjects voluntarily made themselves constipated for four days. He then observed (and in some cases measured) the symptoms of "autointoxication" that appeared. These included coated tongue, markedly foul breath, canker sores, impaired appetite, mental sluggishness, depression, restlessness, irritability, unrefreshing sleep, and headache. He measured reaction time of the nervous system, basal metabolism, blood sugar, and rate of muscle fatigue – all showed impairment. The subjects then took cleansing enemas (in this study not full colonic irrigations).

In all cases the sense of oppression and marked mental depression was gone immediately, and mental alertness and feelings of physical fitness increased. Post-enema tests of reaction time, muscle fatigue and blood sugar were all back to their baseline levels. Donaldson concluded that the rapid relief was in far too short a time to be due to toxins as causative agents, and concluded that the result had to be due to relief of mechanical pressure (distention and irritation of the lower bowel by fecal masses). In this conclusion he was following Alvarez (1919), who had found that mechanically plugging the rectum resulted in the same sorts of toxic symptoms. Donaldson replicated the Alvarez finding by packing and unpacking the rectums of four further subjects, with the same results as the constipation experiment. Donaldson, convinced of the mechanical explanation for the symptoms, supports relief of constipation by occasional enemas, but argues against autointoxication as an explanation.

In another experiment, Donaldson (1922) explored the effect of rectal plugging on blood pressure in a dog, and observed a rise in blood pressure from 122 to 138 mm Hg in four minutes. A variety of other dog experiments demonstrated that there can be toxic substances in the bowel, but that these are unlikely to be a significant factor in typical constipation. On the other hand, he does admit that in some cases, especially persistent diarrhea, autointoxication is likely to be responsible. He also acknowledges, "It is pretty generally agreed that stasis in the small bowel probably does give rise to toxemia" (p. 885).

Alvarez (1919), writing in JAMA, discusses the lack of evidence for the theory of intestinal toxemia, challenging the relevance of the existing literature, saying, "Although there are many clinical facts which strongly suggest that poisons are absorbed from the digestive tract during constipation, we have as yet little actual proof for this assumption" (p. 10). Alvarez makes a case for the "toxic" symptoms being produced by nervous system reflexes. He speaks of "how profoundly sensory inputs from our digestive tracts can influence our emotions, our mental processes and our vasomotor balance" (p. 11).

"Particularly in sensitive people the brain is profoundly influenced by afferent impulses coming from a distended, overactive or wrongly acting bowel. The effects follow so closely on the appearance and disappearance of the stimulus that we cannot drag in a cumbersome and roundabout chemical mechanism to explain them; they must be produced directly through the nervous system" (Alvarez, 1919, p. 11). Alvarez's therapeutic recommendation is for enemas to relieve the pressure, in contrast to purgatives or surgery. Although Alvarez is highly critical of the autointoxication hypothesis, his article could be seen as supporting the concept of colonic irrigation (or at least enemas) for symptomatic relief.

It is not surprising that there are reflexes from the colon that affect the entire nervous system, given the importance of the "abdominal brain" or enteric nervous system (McMillin et al., 1999). It is estimated that 80% of vagal fibers are visceral afferents (Davenport, 1978). There is also a vast overlap of neuropeptide activity in the gut and the brain (Pert et al., 1985). As early as 1907, Robinson documented the vast and complex nervous system of the abdominal viscera. The enteric nervous system has become an active area in physiological research with over 600 articles on Medline since 1985. Modern medicine recognizes abdominal nervous system involvement in several neurological disorders, including migraine, epilepsy, and autism (McMillin et al., 1999).

What is especially interesting here is the broad variety of symptoms that can be caused by constipation, and relieved by an enema. The reflex mechanisms for these phenomena would make a very interesting study in themselves. If relief in this experimental situation can be obtained by a simple enema, might a higher colonic irrigation provide more extensive stimulation to the same reflexes to provide longer lasting relief for more chronic symptoms? And could the chronic symptoms be due to, not toxins, but reflexes from other dysfunctional aspects of the colon that can be treated with irrigations?

In later article, Alvarez and Freedlander (1924) addressed the question of the transit time of feces through the colon in an experiment involving ingestion of glass beads. They were surprised to find that transit time was quite variable, with the colon often retaining some food residues from the entire preceding week. They were concerned that this result might be seen as supportive of a mechanism for autointoxication. However, they found no correlation of transit time with health status. Their conclusion was that wide variations are perfectly compatible with good health. It is interesting from a methodological perspective, however, that while they describe their method and results on transit time in detail, they provide no information on how they measured health status.

Another issue regarding intestinal toxemia was addressed by Dragstedt et al. (1922), from the Mayo clinic. They accepted that intestinal toxemia could cause disorders, but questioned whether administration of antiseptics was a useful treatment. Working with dogs, by surgically closing isolated segments of bowel, they were able to produce the symptoms of toxemia, and showed that the symptoms disappear when the closed segment is removed. However, they found that the direct application of antiseptic solutions to the segments of the colon did not effect sterilization or inhibit the production of intestinal poisons.

Regardless of the correctness of the autointoxication hypothesis, early experiments like those of Alvarez, Donaldson, and Dragstedt demonstrate the widespread systemic effects of relatively minor manipulations of the colon. It is interesting, then, that both proponents and opponents of colonics have paid no attention to this finding, providing little new information beyond that from the 1920s.

Clinical Experience with Colonic Irrigations

A variety of books from the 1920s and 1930s by the proponents of colonic irrigations attest to their clinical value (e.g., Russell, 1932; Tyrrell, 1913; Stemmerman, 1928; Wiltsie, 1938). At the same time, the American Medical Association was zealously attacking "quackery," with colonic irrigations as a particular target (e.g., Cramp, 1912). But in the absence of peer review, there is no way to evaluate the claims that are made on either side of the debate. Instead we will focus on the articles in the refereed journals of the time, especially JAMA. Our goal is not to demonstrate the efficacy of colonics, because standards were very different in those days, but to show that there was a reasoned debate by professionals occurring at the same time as the campaign against quackery.

Satterlee and Eldridge (1917), writing in JAMA, discussed the symptomatology of the nervous system in chronic intestinal toxemia. Far from considering autointoxication an outdated hypothesis, they note the “newly found and rapidly developing relationship between mental and nervous conditions and disturbances of the intestinal tract” (p. 1414). “It is a significant fact that in practically all of the cases considered in this article the nervous manifestations have either cleared up or have been markedly improved by treatment directed toward intestinal toxemia” (p. 1414). These nervous manifestations included mental sluggishness, memory problems, phobias, depression and hallucinations as well as others. They describe a variety of treatments, some far more severe than colonic irrigations (e.g., surgery to remove parts of the colon). It is easy to see why, given the apparent relief from symptoms, the far less invasive colonic irrigations were preferred by many physicians (e.g., Kellogg). In a discussion section following the paper, Dr. Nathan Rosewater notes that “In cases of headache due to mechanical causes, particularly from constipation, the relief is almost immediate after taking a cathartic or enema, showing that there was a mechanical cause, not toxemia. If it were toxic it would take twenty-four hours or more before we could remove enough of the toxic matter absorbed from the bowels into the circulating fluid; so that there is a large class of cases of this purely mechanical type” (p. 1418). This agrees with the conclusion of Alvarez (1919) and Donaldson (1922) cited previously.

Further evidence that colonic irrigations were not universally condemned in the 1920s and 1930s is provided by an article by Bastedo (1928) in the *New England Journal of Medicine*. Bastedo was opposed to the “commercialized irrigation specialists, who are unduly numerous but do a thriving business” (p. 736). But Bastedo emphasizes that “The insertion of liquids into the rectum has been an approved therapeutic procedure since ancient times” (p. 865), distinguishes irrigations of the entire colon from simple enemas, and gives detailed recommendations for their administration. It should be noted that he does not advocate antiseptics in the water, since “experiments have shown that the strongest antiseptics permissible in the bowel do not kill the bacteria and are prone to be injurious to the host” (p. 865), though he does not specifically cite Dragstedt et al. (1922), the most likely source of this information. He recommends plain water, rather than saline or soda. He sees colonics as “of definite value in mucous colitis” and other conditions, but does not discuss systemic conditions such as arthritis. He also recommends against repetitive colonics because they will irritate the bowel.

Bastedo (1932) writing in JAMA, offered a balanced discussion of the therapeutic application and dangers of colonic irrigations: “When one sees the dirty gray, brown or blackish sheets, strings and rolled up wormlike masses of tough mucus with a rotten or dead-fish odor that are obtained by colon irrigations, one does not wonder that these patients feel ill and that they obtain relief and show improvement as the result of the irrigation” (p. 736). This is a case where autotoxicity is a more reasonable hypothesis than in Alvarez’s 4-day induced constipation study. And it shows that it is not just the non-medical proponents that have observed these extreme cases.

Bastedo (1932) notes the positive effect of the colonic on the blood supply and tone of the colon. He warns of specific dangers, all resulting from high insertion of a stiff tube; these include perforation, injury to a polypus, tearing of a rectal valve, and abrasion of the wall. In contrast, Bastedo sees none of these dangers in colonics employing a tube inserted not more than six inches, by a trained professional. Bastedo says, “I trust that my warnings against its improper

administration, its dangers and abuse will not discourage physicians in the proper utilization of this valuable therapeutic measure" (1932, p. 736).

Soper (1932) responds to Bastedo's JAMA article with a well-reasoned Letter-to-the-Editor in JAMA, aimed at physicians who might consider using colonics, which is skeptical of their value, without ranting about quackery. Soper cites some literature as well as his own clinical experience. His primary concern is with the administration of repetitive colonics; in his experience, these result in irritation of the colon and produce symptoms like excess mucus that colonics are supposedly cleaning. He summarizes the literature on colonic function, making the point that the natural function of the colon is to dehydrate feces, and that this needs no help from repeated colonics. The only disorder that he addresses explicitly is mucous colitis (today's irritable bowel syndrome), making the point that colon spasms are related to a multiplicity of factors, and that irrigations (as well as purgatives and enemas) cause further irritation and more tendency to spasm. He does not address any of the other claims for the value of colonics, e.g., as therapy for autointoxication, or to tone the muscle of the colon.

Arthritis is a disorder where there seemed to be some clinical evidence of efficacy of colonics. Pemberton's (1935) book advocates their use. Pemberton (1920), writing a lengthy article in JAMA, discusses the nature of arthritis and rheumatoid conditions. Pemberton (1920, 1935) was a proponent of the hypothesis that arthritis was due to a focal infection, a commonly held viewpoint at the time. He notes early in the article, "It is true that among the ancients of Greece and Rome the benefits to be obtained from hydrotherapy were already appreciated, and it is alleged that the important influence of focal infection was known to some of the fathers of medicine" (p. 1759). For Pemberton, the appropriate treatment was removal of the cause, some focus of infection (including the colon). He concludes, "External measures, such as hydrotherapy, have undoubtedly real value but have fallen in some disrepute because of their frequent failure and because of the injurious consequences from them when pushed in the effort to obtain results. Used cautiously, however, hydrotherapy, massage and various medicinal agents, when administered in conjunction with a cautiously reduced diet, may carry benefit far beyond the point that would otherwise have been reached" (p. 1765).

Snyder and Fineman (1927) give several case reports suggestive of efficacy in cases of arthritis. Snyder and Fineman's perspective is that in a subset of cases of arthritis, the lack of response to conventional treatment may be due to toxin absorption from the gastrointestinal track. Snyder and Fineman cite several clinicians in addition to Pemberton who have this perspective (Persson, 1923; Smith, 1922; Carter 1923; Forbes 1924). Thus as late as 1927, the autointoxication hypothesis has not gone away. Snyder and Fineman clearly state that the colon is not the etiologic factor in all cases of arthritis, but that, based on clinical experience, "when indicated the elimination of colonic stasis has been of definite value in the management of the disease" (p. 28). Another clinical observation is that cathartics have no positive effect on arthritis, and usually result in adverse effects. Similarly, home administered enemas produced inferior results to professionally administered colonics. Snyder and Fineman also give a call for research: "The ascertainment, however, of the exact value of each factor in this system of irrigations is a difficult matter and will require prolonged study with carefully checked controls in a large series of cases" (p. 31). This is a strong contrast to those physicians who simply dismiss colonics as "quackery."

Arthritis is no longer thought to be an infectious disease, and it is likely that the use of colonics for arthritis therapy became unpopular in the absence of this rationale. However, there is extensive modern literature linking arthritis to digestive system disorders, particularly inflammatory disorders (Palm et al., 2001; Lindsley and Schaller, 1974; Holden et al., 2003; Rees et al., 2004). The modern explanation involves immune system dysfunction, rather than autointoxication. Bowel dysfunction is also found in fibromyalgia syndrome, which has much in common with the “toxic” manifestations treated by colonics in the 1920s and 1930s (Barton et al., 1999; Triadafilopoulos et al., 1991; Veale et al., 1991). Alba et al. (2001) even discuss several cases of arthritis as a rare manifestation of acute sigmoid diverticulitis. They found that the arthritis promptly improved after surgical resection of the sigmoid colon. This harkens back to the days of the late 1800s when colon surgery was the therapy of choice for such problems. Could colonic irrigation provide a less invasive treatment?

Colonic irrigation was also sometimes recommended for mental illness. Whorton (2000), with a very skeptical tone, notes the psychotherapeutic effect of simply being treated by an elaborate colonic machine. But he also cites the report of Marshall (1936) in *Medical Record* regarding the efficacy of colonic irrigations on mental illness. “Psychoses were favorably affected as well, at least according to a Massachusetts physician who administered ‘upwards of fifteen thousand colon irrigations’ to mental patients during the early 1930s, for the ‘sedation’ they accomplished. Typical was the manic-depressive woman who received 835 irrigation treatments between 1930 and 1935; by the end of the regimen, ‘her manic episodes are less violent, she is tidier in her habits and more moderate in her language’ (P. 136). While this sounds like an example of an excessive use of colonics, there may have been some valid clinical observations, considering the effects on the nervous system reported by Alvarez, Donaldson, and others.

Colonic irrigations were also a significant component of the cleansing regimen at the Still-Hildreth osteopathic sanatorium for mental illness. “Hydrotherapy is another valuable aid for which we are equipped. Baths and hot packs are used to quiet the nerves, to induce sleep, and especially to stimulate elimination through the kidneys and skin...Many patients have a history of long continued constipation with evidence of resulting autointoxication...some assistance is necessary. For it our main reliance is colonic irrigation, by which the colon is thoroughly cleansed by large quantities of normal salt solution...The value of this is obvious” (Hildreth, 1929, p. 519).

The Friedenwald and Morrison Review

The article by Friedenwald and Morrison (1935) is especially detailed, and at a relatively late date, 1935, assesses colonic irrigations very positively. These doctors (from the Gastro-Enterological Clinic of the Department of Medicine at the University of Maryland) begin with a historical perspective, noting that only recently (1932) the approval of the Council on Physical Therapy of the American Medical Association was sought for a large number of new colonic irrigation devices. Friedenwald and Morrison identify a number of situations in which colonic irrigations appear to have some efficacy, including “cleansing the colon mucous membrane of

abnormal mucus, infection, debris and foreign bodies" (p. 1615). They also note the value of colonics in cases of atony of the colon, using temperature to stimulate or relax the bowel musculature. They say, "There has always been, there will, in all probability continue to be considerable discussion pro and con concerning the use of colonic irrigation in the treatment of so-called 'intestinal toxemia' associated with constipation. There are arguments perhaps equally good in favor or and against the measure" (p. 1615). They point out that the subjective symptoms of intoxication seem to disappear as a result of colonic irrigation. However, they also note that, "It is interesting that the symptoms of what has been termed 'auto-intoxication' can be produced by merely distending the rectum with some foreign body" (p. 1616) (the result of Alvarez and Donaldson). They also point out quite reasonably that, "The whole problem becomes less controversial when the physician considers each case individually instead of subjecting all to the same routine therapeutic procedure without a complete objective examination" (p. 1616). This statement effectively rejects the "quack" cure-all approach, while encouraging the use of colonics as a medical procedure.

Friedenwald and Morrison go on to review in detail the clinical observations of various physicians on the appropriate indications for colonics, noting a considerable diversity of opinions. They say, "To omit or even condemn the use of colonic irrigations in their entirety as a therapeutic procedure is unwarranted... Perhaps the employment of this measure without proper supervision and study is its greatest single objection" (p. 1618).

In contrast to the autointoxication hypothesis often cited by the skeptics as the only (and erroneous) justification for colonics, an alternative is the concept that colonics are helpful in restoring muscle tone to the colon. W. Kerr Russell, for example, is quoted by Friedenwald and Morrison as writing, "This intensive stimulation reeducates the bowel, increases the blood supply and improves the tone of the muscles" (p. 1617). Friedenwald and Morrison partially agree, saying, "It seems that within limits colonic calisthenics, using the method of irrigation, may have a tonic effect in certain instances, more often temporary, however, than lasting, depending largely on the associated treatment. In some cases the tonic effect of the irrigation may be all-important and actually curative; this, too, would depend to a great extent upon the type of previous treatment, the patient and the associated therapy" (p. 1618).

Friedenwald and Morrison conclude by saying, "It is our opinion that if colonic irrigations are correctly used in selected cases they fulfill an important therapeutic need" (p. 1628). They call attention to the possible dangers of mechanical trauma and perforation. They advise the use of simple apparatus, only plain water, salt solution and bicarbonate of soda as irrigating solutions, and the desirability of medical supervision.

The Krusen Review

In 1936 JAMA published a review of colonic irrigations authorized by the Council on Physical Therapy, authored by Frank Hammond Krusen, Professor of Physical Medicine at the Mayo Clinic. Although generally skeptical, Krusen gives a balanced review of the pros and cons of colonics. He acknowledges that "One can hardly fail to be impressed with the violently opposing views expressed in most of the literature on this subject. One writer, for instance, tells

of 'phenomenal success in the treatment of many diseases due to consistent and thorough colonic treatments,' whereas another bitterly and somewhat facetiously decries the existence of too many 'colon filling stations.' One finds that among physicians of unimpeachable medical integrity there are widely divergent views concerning the value of colonic irrigations" (p. 118).

On the "pro" side he cites physicians treating a variety of conditions. For example, he points out that "Pemberton, in a careful evaluation of the pros and cons of colonic irrigation in the treatment of arthritis, while graphically outlining the shortcomings, makes clear that he uses colonic irrigation in conjunction with colonic massage in some of his cases of arthritis" (p. 119). He also cites Stroud (1932) who advocates colonics in the treatment of cardiovascular disease, and Weisenberg and Alpers (1932) who note that "High colonic irrigations are of value in some cases of so-called toxic myelitis" (p. 119). Krusen comments that the same effect "can probably be achieved by means of the simple enema, proper medication, or modification of diet," but he does not deny the value of the concept of bowel cleansing in these examples. Krusen also cites Morgan and Hite (1932), who see value in colon cleansing, but notes the need for recognition that such a treatment can be harmful if carried beyond limits called for by the specific ailment. Like many physicians, Morgan and Hite are concerned about administration of colonics by "the unskilled both in and outside the profession."

Krusen discusses opposing viewpoints on ulcerative colitis, comparing Lockhart-Mummery (1934), who advocates use of colonics and gives specific recommendations, to Bergen (1934) who finds that colonic irrigations are "rarely indicated."

He also discusses viewpoints on the technique of colonic irrigation, contrasting the "high colonic" where a 52-inch tube is passed through the colon directly into the cecum, and the type more common today, where a tube not more than 4 to 6 inches long is used. He agrees with Bastedo that the short-tube colonic irrigation is far safer. Regarding colonic machines, Krusen is skeptical of the value of elaborate colonic machines, preferring a simple system with a glass jar and tubes. Although Krusen himself found that the machine he purchased for his own hospital was of little use, he concedes, "In all fairness, it must be admitted that some of the manufacturers of these devices are sincere in their misguided belief that their machines will prove a great boon to mankind. It must also be stated that a great many hospitals have equipped themselves with some such elaborate device" (p. 120).

On the con side, Krusen has two main points. The first is that colonics can have adverse effects, such as cramps, irritation, and perforation of the wall of the colon. It is interesting, though, that his source for these adverse effects is Bastedo, who is a proponent of the careful use of colonic irrigations. His second main point is that, in his own experience, colonic irrigations have little use in the hospital setting; his preference is for simple enemas to relieve constipation when necessary.

Krusen also makes the point that, "One must also consider that in conjunction with the lavage there are possibly other factors present (such as pressure, temperature, motion and osmosis) which may act to influence normal and disturbed physiological processes in the gastrointestinal tract" (p. 121). That is, in considering the mechanism by which colonics produce

therapeutic (or adverse) effects, the autointoxication hypothesis is not the only one that needs to be addressed.

In his 1941 book, *Physical Medicine*, Krusen continues with his doubts about the value of colonic irrigations in most situations, but gives details on the appropriate technique to be used, based on Bastedo and Pemberton.

As late as 1939, there were proponents of colonics among other respected physicians. W. F. Dutton was Medical Director for the hospital at the Graduate School of Medicine at the University of Pennsylvania. In the preface to his book on headaches (Dutton, 1939) he speaks positively of the AMA's campaign against quackery, and says that, "The lay press, unscrupulous manufacturers and radio advertising of nostrums and cure-alls to the public present a serious problem" (p. iii). He says that his book, aimed at physicians, is "a summary of the available literature, with authoritative references," and that "dogmatic statements on controversial subjects have been avoided purposely" (p. v). However, he also notes the importance of "autointoxication products absorbed from the gastrointestinal tract" in the etiology of some headaches (p. xvi). He includes a section on "enemata" for headache therapy, illustrating techniques for enemas. He also talks about more extensive irrigation of the colon, and says regarding colonic irrigations, "*The procedure has become one of the most valuable therapeutic measures we possess*" (p. 97; italics in the original). Dutton's book is an example of how a physician, writing for other physicians, could be supportive of the value of colonic irrigations, while acknowledging the problem of quackery.

Thus, in the late 1930s, there was a reasoned debate on colonic irrigations, documented in JAMA, despite the crusaders against "quackery." The themes in these JAMA articles up through the 1930s are clear: the problem is not that there is anything intrinsically wrong with colonic irrigations. Rather, (1) there are clinical observations from a variety of physicians and studies such as that of Donaldson supporting the efficacy of colonics for some conditions, (2) the autointoxication hypothesis is not supported for most apparent "toxicity," although there is evidence for nervous system reflexes, and (3) while administration under a physician's supervision is a reasonable therapeutic procedure, the inflated claims and sometimes extreme procedures employed by non-medical practitioners are not advised.

As Whorton (2000) has noted, the zealous critics of quackery tend to offer ridicule in place of specific citations of research demonstrating the inefficacy of colonics. A prime example is the letter to the editor of JAMA from Smithies (1926), labeled "Colon Filling Stations," in which he primarily makes fun of the "colon therapists," and states, "This 'new' colon therapy rests on no basis of fact, is employed by none of the country's leading gastro-enterologists, and is permitted in no institution of recognized standing" (p. 691). Contrast this with the reasoned discussions by such authors as Krusen, Friedenwald and Morrison, Pemberton, and Bastedo. It is important to note that none of these authors is advocating colonic irrigations as the cure for all diseases, nor for their administration by personnel who are not professionally trained, but they all see a value in the procedure and support their arguments with clinical observations. It is this perspective that appears to have been squeezed out by the crusaders against quackery.

Modern Viewpoints on Colonic Irrigations

Up through the 1930s, the question of the proper use of colonic irrigations was at least debated with the help of some experimental data and clinical observations. Modern medical education, on the other hand, is characterized by a simple lack of information on colonic irrigations. An example in JAMA of an attack on colonic irrigations without references or supporting documentation is the response to a letter to the editor by Merar (1961), in which he states, "The much vaunted colonic irrigations used chiefly by cultists and pseudohealth clinics are of no benefit and may be harmful or even dangerous. Their use was, and no doubt still is, based on the theory of auto-intoxication and absorption of poisons through the bowel wall; this is pure nonsense in the light of scientific investigations" (p. 642).

Franklin (1981) in a Questions and Answers column in JAMA, responded to a question about the efficacy and safety of colonics with two answers. For efficacy, he looked at three major gastroenterology texts (from 1976 to 1978) which revealed no mention of colonic irrigations as a therapeutic technique (i.e., no mention either for or against their use), and concluded that there is no rationale for their use. For safety he referred to a single report on the adverse effects of repeated (every two hours) coffee enemas (Eisele & Reay, 1980); however, the concerns regarding fluid and electrolyte problems from such extreme measures have little relevance to colonics as normally administered (see section of this paper on adverse effects).

Jensen (1995) in a recent review of the medical treatment of constipation discusses enemas in detail and mentions colonic irrigations. He lists a variety of substances that have been including coffee enemas for alternative cancer treatment. He also notes a variety of adverse effects from soap and coffee enemas (not specifically colonic irrigations) and mentions the single outbreak of amebiasis spread by contaminated colonic equipment (Istre et al., 1982). He states, "Little scientific evidence has been reported concerning the effectiveness of any of these alternative treatment regimens with respect to constipation. Perhaps their widespread use has precluded further objective evaluation" (p. 149). Our perspective is that their widespread use should call for further objective evaluation, rather than simple dismissal.

As already discussed, Ernst (1997) strongly advises against colonic irrigations (again citing only the Istre et al., 1982 paper as a specific example of an adverse effect), yet he offers little evidence of either scientific research refuting their effectiveness, or a quantitative assessment of relevant adverse effects.

Current Status of Autointoxication

As Ernst (1997) has discussed, the primary justification for colonic irrigation (dating back into the 19th century) is usually that toxic wastes build up in the colon, that toxins leak into the general circulation, and that these toxins are responsible for a variety of symptoms. This autointoxication hypothesis was quite controversial; much of the controversy centered around extreme claims that autointoxication was responsible for *all disease* (Cramp, 1921). Ernst claims that autointoxication has been refuted, yet there is significant modern literature that suggests that a modified version of autointoxication is quite reasonable in some cases.

The modern perspective focuses on dysfunction of the immune system caused by toxins leaking from the gut, as well as bacterial translocation from the gut to the systemic circulation caused by a breakdown of the intestinal wall. This breakdown can be caused by a variety of types of injury to the body at locations far from the gut. Swank and Dietch (1996) state, "It is clear that increased gut permeability and bacterial translocation play a role in multiple organ failure (MOF). Failure of the gut barrier remains central to the hypothesis that toxins escaping from the gut lumen contribute to activation of the host's immune inflammatory defense mechanisms, subsequently leading to the autointoxication and tissue destruction seen in the septic response characteristic of MOF."

Similarly Person and Bernhard (1986) in an article entitled, "Autointoxication revisited," invoke an immune system mechanism, stating, "The pustular dermatitis associated with small bowel bypass surgery and the cutaneous manifestations of inflammatory bowel disease are well known and generally assumed to be due to the absorption of microbial antigens from the bowel. Monomeric serum IgA is assumed to originate in the gastrointestinal tract, and circulating IgA immune complexes, as seen in dermatitis herpetiformis, should make us suspicious of a gastrointestinal tract source."

Kelvinson (1995) reviewed several physiological factors that suggest the importance of the colon in disease processes. These include evidence of absorption of toxins and macromolecules, and heightened immune system reactions, due to injured intestinal mucosa.

Numerous drugs can be absorbed from the colon, to varying degrees (Muranishi, 1984; Riley et al., 1992; Kimura et al., 1994). Rectal suppositories are a popular way of rapidly delivering medicine to the circulation without passing through the rest of the digestive tract (van Hoogdalem et al., 1991). The rate and extent of rectal drug absorption vary depending on the type of drug and the formulation, and on the presence or absence of absorption-promoting agents. The suppository route has been found particularly effective for such drugs as sumatriptan for migraine, where the effects are comparable to oral doses, and provide relief within two hours (Bertin et al., 1999). Various toxic substances can also be absorbed from the colon (e.g., sodium phosphate, Martin et al., 1987; iodine, Kurt et al., 1996; aspirin, Watson & Tagupa, 1994; cyanide, Ortega & Creek, 1978). Given that these substances can be easily absorbed, it seems reasonable that bacterial toxins might be absorbed as well.

It is important to distinguish between (1) the common observation that a constellation of symptoms (fatigue, headache, joint pain, etc.) were correlated with constipation, and could be relieved by enemas or colonic irrigations, (2) autointoxication, a mechanism suggested for these systemic effects originating in the colon, but expressing throughout the body, and (3) the recognition that there are problems directly related to the colon (such as ulcerative colitis) that might or might not benefit from colonic irrigations. These three are not necessarily related. That is, there may indeed be system-wide effects originating in the colon, but autointoxication may not be the correct explanation for the observations. Autointoxication (including immune system responses) may be a factor in some cases, but not as the "cause for all disease." It is also possible that direct treatment of the colon for serious colon problems like ulcerative colitis is not a useful

therapy (and possibly harmful), but that colonic irrigations are effective for these other, system-wide problems.

Adverse Effects

The potential for adverse effects from colonic irrigations must be addressed, both for informed consent in research, and for the purpose of assessing risk for therapeutic applications. There is a need to determine to what degree the common medical criticism of colonic irrigations, that there are serious adverse effects (e.g. Ernst, 1997), is valid. For informed consent it is important to have a quantitative estimate of the potential for adverse effects. However, reports of adverse effects from colonic irrigations of the type we are discussing (performed on individuals without serious bowel disease, by trained colon hydrotherapists, using disposable nozzles) appear to be very rare, despite the widespread popularity of colonics as an alternative health modality. We have found only two reports on Medline. One is the oft-cited case of amebiasis from improperly sterilized equipment at a chiropractic clinic in Colorado (Istre et al., 1982). The other is a case of rectal perforation in Singapore (Tan & Cheung, 1999). Looking beyond the Medline literature, there is a case of rectal perforation currently in litigation in Texas, and the Texas Attorney General's website claims that one death and four serious injuries involving patients with perforated colons occurred in 2003 following the treatments, with no supporting documentation (Texas Attorney General, 2003). However, there has been no systematic collection of data published on colonic irrigations.

Since there is no specific data on colonic irrigations, the closest comparisons would be enemas and sigmoidoscopies, so it is also worth a look at the adverse effects of these procedures to determine if they are relevant to colonic irrigations. Enemas typically only stimulate the first part of the colon, the sigmoid colon, and are not intended to cleanse the entire colon as is a colonic irrigation. However, the term enema is a broad one, and such procedures as a barium enema can introduce material throughout the colon. Often an enema is given before a more invasive procedure such as a sigmoidoscopy or a colonoscopy, in which a tube is introduced into the colon. In a sigmoidoscopy, the tube (with a fiber optic camera) goes only as far as the sigmoid colon; however, this may be up to 25 inches. In a colonoscopy, the tube may go as far as the cecum. Both may include biopsies or removal of polyps. In contrast, the tube for a colonic irrigation is inserted approximately 3 inches into the colon, and no procedure such as biopsy is performed. For these reasons, any estimate of adverse effects based on sigmoidoscopies would likely show a substantially greater risk than is actually found with colonic irrigations.

The adverse effects from enemas and sigmoidoscopies can be classified into four types. The first type is perforation of the wall of the colon. The second type is a reaction to something in the enema, ranging from an allergic reaction to the nozzle tip, to substances such as coffee or soap. The third type is primarily a pediatric problem – an electrolyte imbalance resulting from an enema in a small child – but has also been seen in geriatric patients. The fourth type is infection from contaminated equipment (e.g., Istre et al., 1982).

Risk of Perforation

Perforation of the wall of the colon is often seen as the most serious adverse effect of any procedure that introduces something into the colon. Perforation can be mechanical, such as when the tip that injects the water or the tip of the endoscope causes damage, or it can be from overpressure causing failure of a weak spot in the colon wall. The risk of perforation is related to the invasiveness of the procedure, the health status of the patient, and the competence of the person administering the procedure. Enemas, for example, are the least invasive procedure, but are also often self-administered. Colonoscopies are the most invasive procedure and have the highest rate of adverse effects, since they involve deep penetration into the colon. Sigmoidoscopy, with insertion only into the first part of the colon, is substantially less invasive. Both procedures are performed by professionals, with FDA-approved equipment. As noted previously, both are substantially more invasive than the 3 inch nozzle insertion of the colonic irrigation.

Colon Perforation from Cleansing Enemas

Cleansing enemas are the closest comparison to colonic irrigations, but differ in the amount of fluid administered and the high frequency of self-administration. No systematic data have been collected on the incidence of perforation compared to the total number of enemas given. Only case reports exist. Nevertheless, there are far more reports of injuries from enemas than from colonic irrigations. In the following discussion, it is important to bear in mind that these case reports of adverse effects represent a tiny fraction of the enemas given.

Paran et al. (1999) review all the cases of colon perforation from cleansing enemas over a three-year period in their surgical unit. These consisted of 13 elderly patients, with a mean age of 64.3, suffering from chronic constipation. Ten had perforations from enemas administered by nursing home staff; three had administered the enemas themselves at home. The authors note that, "Perforation of the rectum and sigmoid colon caused by cleansing enemas, used by chronically constipated patients, has not been previously described." This suggests that perforation is a rare occurrence, but the authors note that the true incidence of enema-induced perforations is unknown.

Gayer et al. (2002) report on 14 cases of perforations of the rectosigmoid colon induced by cleansing enemas. It is important to note that the average age of the patients was 80 years, since perforations appear to be far more likely in the elderly.

The remaining reports address rare single cases. Larson (1966) reports a case of a 72-year-old man whose rectum was perforated by an enema given by a hospital orderly. He also cites the three other cases of injury caused by disposable enemas that he was able to find in the literature (Blatt, 1960; Scott, 1960; Turell, 1960). Larson notes that, "A two-inch enema tip is sufficiently long for satisfactory administration of an enema and provides a degree of safety" (p. 448), and that a tip constructed of softer material than the common semi-rigid plastic would be safer.

Wolfe and Silver (1966) discuss a case of rectal perforation with profuse bleeding following an enema given in a hospital. They note that that, "The vast majority of enemas produce their desired effect without any accompanying complications" (p. 715). However, they cite additional cases reported by Large and Mukheiber (1965), Wechisser and Putnam (1962), Klein and Scarborough (1963), Roland and Rogers (1959), and Szunyogh (1958).

Classen et al. (1975) cite several cases of iatrogenic perforation of the rectum during cleansing enemas. They note that, "The vast majority of the rectal injuries and perforations resulting from enema tubes occur in the anterior rectal wall. This can be readily understood when one realizes that these injuries almost always occur with the patient in a sitting position" (p. 1425). Another position, therefore, may be less risky.

Hool et al. (1980) note that only a few cases of enema-nozzle injuries to the rectum are reported in the literature, but that they are aware of more that go unreported. They present two cases, both from enemas given in hospitals. They conclude that, "This injury, with its very serious consequences, should be entirely preventable if rigid, hard enema nozzles are avoided. More attention should be given to the design of disposable enema nozzles. Some disposable enema nozzles which are widely used are long, and not sufficiently soft and flexible" (p. 381). The example in their picture appears to be about 4 inches long.

Bell (1990) reports a case of colonic perforation with a phosphate enema administered at a hospital, and again recommends that enema nozzles be short and pliable. He also makes the point that the toxicity of the phosphate solution passing into the peritoneal cavity made the problem more serious

Perforation may also occur from extreme self-administered enemas using non-standard means. For example, Topcu (2003) reports a case where a chronically constipated man administered a rectal enema using a garden hose directly connected to the water until he felt a sudden sharp abdominal pain resulting from a perforation.

In none of these reports is there any estimate of the percentage of perforations compared to the total number of cleansing enemas. This may be impossible to obtain, given that enemas are often self-administered at home. However, perforations would seem to be very rare, given that enema kits are obtainable over-the-counter, and that hundreds of thousands are probably given every year. Presumably based on the rarity of injuries, enema kits are classified by the FDA as Class I devices, and do not require a prescription or any specific training for administration. It is difficult to see why the FDA would classify colonic irrigation devices as Class III devices when used for routine colon cleansing, and as "significant risk devices" when used in research studies (FDA Warning Letter, 2003), since there is no evidence that the risks are greater than with enemas, and probably less, given that colonics are usually administered by people with some professional training. However, it is also important to note that several authors point out that perforations can occur with enemas even when administered by trained professionals, and that these professionals need to be made aware of the potential for injury even from this "benign" procedure (e.g., Classen et al., 1975; Paran et al., 1999).

Colon Perforation from Sigmoidoscopy and other Medical Procedures

Better quantitative data is available on medical procedures such as sigmoidoscopies, colonoscopies, and barium enemas, but it is much less relevant to colonic irrigations, since barium enemas involve the introduction of a potentially toxic substance and sigmoidoscopies and colonoscopies are substantially more invasive.

The two most extensive studies related to colonoscopy and sigmoidoscopy are those of Gatto et al. (2003) and Anderson et al. (2000). Gatto et al. (2003) determined perforation rates from colonoscopy and sigmoidoscopy in a large cohort of people aged 65 and older in the Medicare program. The incidence of perforation from colonoscopy was 0.196% in 39,286 procedures, and from sigmoidoscopy 0.088% in 35,298 procedures. The risk of perforation increased with age and with the presence of two or more comorbidities, particularly with diverticulosis and abdominal pain. The authors point out that their findings may not be directly generalizable to people younger than 65 years.

Anderson et al. (2000) report a substantially lower rate of perforation in a study of patients at the Mayo Clinic (mean age 72 years, age range 48 – 87 years). There were 20 (0.19%) perforations and two (0.019%) deaths in 10,486 colonoscopies, and two perforations with no deaths in 49,501 sigmoidoscopies (0.004%). Of particular importance, electrocautery injury was responsible for 36% of the perforations; this is a surgical procedure irrelevant to colonic irrigations. The authors note, “The most important safety factor is most likely the sensory feedback from the patient to the endoscopist, which is retained in the alert patient [during sigmoidoscopy] and blunted by intravenous sedation [during colonoscopy].” They also note that not all of the perforations were necessarily caused by the procedures, because, “spontaneous perforations associated with inflammatory bowel disease or diverticular disease were not at all rare.”

Korman et al. (2003) report the incidence of perforations of the colon occurring within a network of endoscopic ambulatory surgery centers. A total of 116,000 colonoscopies were performed within one network of 45 endoscopic ambulatory surgery centers in the United States during 1999. There were 37 (0.03%) perforations; 27 in women and 10 in men. Median patient age was 75 years (range 39-87 years); 18 patients (49%) had diverticular disease and 20 (54%) had a history of pelvic or colonic surgery. They conclude that reported perforations for procedures performed in endoscopic ambulatory surgery centers occurred most frequently during diagnostic colonoscopy in older women with a history of surgery or diverticular disease.

Fry et al. (1989) found perforations in 5 of 2200 (0.2%) barium enemas – most patients had active ulcerative colitis or rectal lesions. Blakeborough et al. (1997) report on a survey of all consultant radiologists in the United Kingdom over a 3 year period. The 756 respondents performed a total of 738,216 examinations. There were 30 reported cases of bowel perforation (0.004%).

In a review by Nelson, Abcarian, and Prasad (1982), “In eight years at Cook County Hospital, 42,000 barium enemas, 16,325 proctosigmoidoscopies, and 1207 colonoscopies were performed. All endoscopic procedures were done by the house staff. There were three

perforations due to proctosigmoidoscopy (0.02%), with one death; three perforations due to colonoscopy, with no deaths; and seven perforations due to barium enema [0.017%], with no survivors. The adjuvant effect of barium sulfate is proposed as the most likely cause for this excessively high mortality in barium-enema perforation.”

An important issue relevant to the risk from colonic irrigations is the occurrence of spontaneous perforation of the colon in the absence of an irrigation. Spontaneous perforation can occur from various colonic diseases, e.g., a ruptured stercoral ulceration (Chen and Shen, 2000). Johnson and Baker (1990) report colonic perforation following mild trauma (being hit in the abdomen during a basketball game) in a patient with Crohn's disease. Ledley et al. (1988) report perforation of the sigmoid colon from endometriosis. Avinoah et al. (1987) note that even “severe untreated chronic constipation may, on rare occasions, cause free perforation of the sigmoid colon.” There are also rare cases of spontaneous perforation of the colon from Ehlers-Danlos syndrome (a hereditary connective tissue disorder) (e.g., Sykes, 1984; Kinnane et al., 1995; Fuchs and Fishman, 2004), and of perforation resulting from enemas in patients with this condition (e.g., Sentongo et al., 1998).

It is also important to note that colonic perforation can occur in rare cases from events not involving insertion of anything into the rectum. Farbin et al. (1996) discuss a case of perforation of the sigmoid colon by hydrostatic pressure resulting from sitting on a public water fountain. Li and Ender (2002) discuss cases of colon perforation resulting from the swallowing of a toothpick.

Thus a rare perforation of the colon in association with a colonic irrigation may have other causes than the colonic irrigation itself, particularly when there is already colon disease.

To summarize, the most important risk factors for perforation relevant to colonic irrigations are advanced age and diseases of the colon such as diverticulitis and inflammatory bowel disease. The greatest risk (for those over 65 with bowel disease) would be about 1 in 10,000 (based on the perforation rate for sigmoidoscopy), with the risk for younger people without bowel disease much lower. Given the much smaller insertion distance into the colon, the perforation risk for colonic irrigations should be substantially less than for sigmoidoscopy, and probably similar to that for enemas. Several authors have pointed out that, although such perforations are very rare, it is important for professionals to be aware of their possibility, how to minimize the potential for perforation, and what to do if one occurs.

Risk of Other Adverse Effects

Warnings against colonic irrigations often take the form of cautions about the adverse effects of substances administered during enemas. This is not relevant to colonics using only filtered tap water, which is a common application, but is important if any substances are to be added to the water. There are no reports of adverse effects from tap water colonic irrigations in adults, although there is a concern based on the possibility of depletion of electrolytes.

Again, enemas are the closest comparison available to colonic irrigations. Schmelzer et al. (2000) have published a small (25 subject) study on colonic cleansing, fluid absorption, and discomfort following tap water and soapsuds enemas. Their perspective is that enema administration is a basic nursing skill, and that (as we agree for colonic irrigations), nurses need information about possible solutions, their effectiveness, and possible side effects. Schmelzer et al. point out that both tapwater and soapsuds enemas have been given routinely for over 100 years, but that little is known about their effectiveness, the precise indications for their use, or their side effects.

As Schmelzer et al. describe it, the ideal enema would effectively cleanse the colon with minimal side effects, essentially the same as the goal of the colonic irrigation. Enemas, like colonics, cleanse the colon by stimulating propulsion and secretion. The relevant factors include enema volume, the presence of chemical irritants, and the osmolality or tonicity of the solution. The instillation of a large fluid volume into the colon stimulates propulsion; this is especially relevant to colonic irrigations which typically use pure tap water with a larger fluid volume than enemas. Chemical irritants stimulate both propulsion and secretion to rapidly empty the colon; using a hypertonic solution to draw fluid from the body into the colon through osmosis, and directly irritating the mucosa are the principles of the popular Fleets sodium phosphate enema. Soapsuds enemas use the principles of high volume and chemical irritation.

Schmelzer et al. (2000) found that soapsuds enemas produced significantly greater output than tap water and were equally well tolerated. Most subjects who received tap water enemas retained more fluid than was eliminated. Based on these findings, they advised that nurses should use caution when giving repeated enemas to patients sensitive to large fluid loads. This is relevant to the question of the fluid load resulting from a colonic irrigation, in which a larger volume of water is used than in the typical enema.

Cohan et al. (1992) also compared tapwater to phosphate enemas in a study with 66 patients. They found that there was a significant increase in the serum phosphorus in the phosphate enema group. However, absolute serum phosphorus values remained within the normal range in all but one patient, and the changes in other electrolytes, minerals, and venous pH were insignificant.

Aware of the occasional adverse effects of tapwater enemas from electrolyte imbalance, particularly in children, Collins and Mittman (19xx) have performed the only study that has specifically looked at the effect on serum electrolytes of colonic irrigations as they are given in naturopathic clinics. Seventeen healthy volunteers free of cardiovascular disease, kidney disease, and hypertension, as well as bowel disease, were given before/after measurements of serum electrolytes (sodium chloride, calcium, potassium and phosphorus) with a tapwater colonic irrigation. Although there were small changes in some electrolyte levels, the subjects experienced none of the symptoms of water intoxication. The authors also note that their experience at the Portland Naturopathic Clinic has been that even in debilitated and chronically constipated patients, serious reactions to colonic hydrotherapy have not occurred. They conclude: "The data presented here may help support the safety of hypotonic solutions employed in colonic irrigation in normal patients with no known risk factors for acute water intoxication,

such as neurogenic constipation, heart failure, renal failure and recent fluid electrolyte depletion or dilution.”

Phosphate enemas are far more likely than tapwater colonics to cause adverse effects. They are a common form of self-administered preparation prior to flexible sigmoidoscopy screening (Atkin et al., 2000), are also frequently administered in hospitals and nursing homes, and are considered effective and acceptable. But phosphate enemas can occasionally cause serious problems in the elderly, especially those with renal failure (e.g., Korzets et al., 19992; Knobel and Petchenko, 1996). Groskopf et al. (1991) have reviewed the adverse effects of phosphate enemas and concluded that Fleets enemas carry a potential risk for acutely ill elderly patients. There is also a case reported of a pregnant woman who caused serious bone growth problems for the fetus by self administering multiple hypertonic phosphate enemas during pregnancy.

Adverse effects due to electrolyte imbalance from pediatric enemas have also been the source of numerous case reports in the literature. Ordinary phosphate enemas have caused illness or death (Walton et al., 2000; Ismail et al., 2000; Helikson et al., 1997; Craig et al., 1994; Martin et al., 1987). Harrington and Schuh (1997) acknowledge this problem, and offer specific guidelines for administration of Fleet enemas in a pediatric emergency department. Another problem seen primarily in children, is water intoxication (due to hyponatremia – electrolyte depletion) from tap water enemas (Blanc et al., 1995; Chertow and Brady, 1994).

Adverse reactions (some fatal) to other substances in enemas have been reported for chamomile tea (Jensen-Jarolim, 1998; Thien, 2001), ozone (Eliakim et al., 2001), hydrogen peroxide (Bilotta and Waye, 1989; Bollen et al., 1998; Meyer et al., 1981), isopropyl alcohol (Barrett et al., 1990; Haviv, 1998), hot water (Schapira et al., 1996; Sternberg et al., 1995), iodine (Kurt et al., 1996), glycerin (Chang et al., 1995), aspirin (Watson and Tagupa, 1994), acetic acid (Kawamata et al., 1994), hydrofluoric acid (Cappell and Simon, 1993), formalin (Munoz-Navas and Garcia-Villareal, 1992), magnesium sulfate (Ashton et al., 1990), soap (Orchard and Lawson, 1986), coffee (Eisele and Reay, 1980), detergent (Kirchner et al., 1977; Kim et al., 1980), laetrile (cyanide) (Ortega and Creek, 1978), food coloring (Trautlein and Mann, 1978), lye (Unger, 1978), tobacco (Bele-Binda, 1975), and milk and molasses (Walker et al., 2003)

Eisele and Reay’s (1980) report of deaths from coffee enemas is often cited as an argument against colonic irrigations, but it has little relevance. In one case, the patient received 10 or 12 coffee enemas in a single night, as frequently as three or four an hour. In the other case the patient received coffee enemas four times a day over several weeks. In both cases, both the presence of the coffee and the extreme frequency of the enemas could have been contributing factors, but neither is standard practice for the typical colonic irrigation.

There have also been cases of allergic reactions to the latex or plastic enema tip itself (Lozynsky et al., 1986; Kokoszka and Nelson, 1993; Misselbeck et al., 1994), and to the lubricant jelly (Jones, 1988).

Schmelzer and Wright (1996) note that the enema has evolved through trial and error, not scientific investigation. They examined current nursing practice by asking 24 experienced registered nurses to describe how they give enemas, and if they had seen any complications. They found that the nurses emphasized patient cooperation, preparation, and comfort; had observed few complications, and had difficulty describing quantitative aspects of enemas (e.g., amount of solution given, speed of administration).

Schmelzer and Wright (1993) offer advice for minimizing the risk from enemas, noting that the primary danger comes from a combination of injury by the enema tip, and the toxicity of the phosphate. They note that patients at highest risk are those with hemorrhoids. They suggest precautions including determining if the patient has a history of hemorrhoids or colon disease, and performing a brief fingertip rectal exam to feel for hemorrhoids or other abnormalities and to identify the optimal angle for insertion of the enema tip. They also suggest using tap water or saline solution in preference to phosphate, since they are less likely to cause harm if perforation does occur.

To summarize, for colonic irrigations, the risk to healthy adults of adverse effects from tapwater or saline solutions is probably extremely small. The risk when other substances are introduced into the colon varies substantially based on the nature of the substance. However, it is important not to confuse the basic colonic irrigation with therapeutic procedures such as coffee enemas that may carry greater risks.

Transmission of Pathogens

The potential for transmission of pathogens through enemas and irrigations was described as early as 1929 (Hervey, 1929), and followed by reports by Gilbert (1938), Steinbach et al (1960), and Meyers (1960), all making the point that pathogens ranging from bacteria to protozoa can survive on the parts of enema equipment that are insufficiently sterilized, and be transmitted rectally. Steinbach et al. suggest that the most practical solution is an inexpensive disposable enema reservoir, tube and tip. Ever since the cases of amebiasis from improperly sterilized irrigation equipment reported by Istre et al. (1981), disposable parts have become standard for colonic irrigation equipment. It seems clear that there is no reason to use any other type of equipment.

Conversely, it has been suggested that colonic irrigations might *remove* beneficial indigenous microflora in the colon, encouraging the growth of pathogens (Sisco et al., 1988), although there is no evidence that this actually occurs. In fact, Bornside and Cohn (1969) found that mechanical cleansing of the bowel (2 Fleet enemas per day for 3 days) and low residue diet without antibiotics had *no* quantitative effect on the bacterial flora preceding bowel surgery. Antimicrobial therapy delivered through a colonic irrigation (e.g., with an antiseptic solution) might have a more significant effect. Sisco et al. also point out the possibility that irritation of the bowel by an irrigation might promote translocation of indigenous microflora into the bloodstream, again providing no evidence that this actually occurs. Clearly, research on the effect of colonic irrigations on bowel microflora would be worth pursuing.

Precautions

Generalizing from the data on adverse effects of enemas suggests some contraindications for colonic irrigations. The first is a lower age limit; colonic irrigations should probably not be performed on young children due to the potential for electrolyte depletion. Others, especially the elderly, should be carefully screened for colon-related problems before a colonic irrigation is performed. The list of contraindications should include as a minimum diverticulitis, ulcerative colitis, colon cancer, rectal fissures, and bleeding hemorrhoids. Second, great caution should be exercised when using anything other than tap water as the irrigation solution, and patients should be fully informed of the potential for allergic reactions and other adverse effects from the solutions. Third, as discussed below, frequent colonic irrigations, like frequent enemas, may interfere with normal bowel function.

Barloon and Shumway (1995) discuss medical malpractice cases resulting from adverse events during radiologic colon examinations, including perforation of the colon. Their strategies to prevent medicolegal litigation include performing digital rectal examinations on all patients to detect distal rectal lesions or strictures, recognizing colon perforation, and obtaining immediate surgical consultation if colon perforation occurs.

Saltzstein et al. (1988) note that injuries to the anorectum from enemas can be prevented by pre-enema rectal examination and attention to perianal anatomy and patient complaints of discomfort during the procedure.

Equipment Standards

Another issue is that of appropriate equipment. In the early days of colonic irrigations, a variety of types of equipment was available, some intended for self-administration (e.g., the JBL Cascade, Tyrrell, 1913). Some equipment, no longer in use, involved tubes intended to be inserted all the way to the cecum (e.g., the “high colonic” equipment judged as unsafe by Bastedo, 1932 and Krusen, 1936). Recently, however, standards for colonic equipment have been established, and most equipment in use is registered with the Food and Drug Administration (FDA). This equipment features temperature controlled water mixing and back flow prevention valves, pressure and temperature sensors, and a built-in chemical sanitizing unit and/or water purification unit. The tube is intended for insertion only about 3 inches into the rectum, and the equipment is designed to prevent infection by using disposable single-use parts. However, these devices are approved only as Class II medical devices for bowel cleansing, and technically can only be sold to a physician or on a physician’s prescription.

One of the obstacles to research is that, when these devices are used for “colon cleansing routinely for general well being” they are classified as Class III medical devices (FDA, 2004), and it is the FDA’s position that they are “significant risk devices” when used in research studies of this application (FDA Warning Letter, 2003). The wording of the FDA classification is rather ambiguous, however. Logically, colon cleansing for general well being that is being done specifically for a research project would not be routine. The frequency of colonic irrigations is

certainly an issue requiring study. It would not be surprising if frequent colonics, like frequent enemas, resulted in adverse effects and interference with normal bowel function, but “routine” is not a useful word. As noted earlier in this review, it is also hard to understand why a colonic irrigation performed for general well being would have a greater risk than one performed as preparation for a colonoscopy. Since the risk of adverse effects increases with the age of the patient and the pathology of the colon, one would expect an occasional cleansing for general well being of an average person to be far less risky than a cleansing for the typical elderly patient with colon disease. It seems more reasonable to classify colonic equipment used for general well being in the same category as cleansing enemas (Class I), since they perform essentially the same purpose. They are likely to be somewhat less risky than enemas since they are administered by trained professionals, not ordinarily self-administered. This raises the issue of professional standards, since it is clearly possible to cause harm by improper administration of colonic irrigations, and there is a risk even with proper administration (as there is with enemas).

Professional Training

The issue of the appropriate training and professional status to administer colonic irrigations is significant. Our assumption in this paper is that the person administering the colonic irrigation has had training at least equivalent to that involved in certification by the International Association for Colon Hydrotherapy (I-ACT). I-ACT standards include 100 hours of training for their basic level of certification (I-ACT, 2004). However, the professional status of colon hydrotherapists varies widely from state to state, and I-ACT is not necessarily recognized as a professional association.

In Florida, the Department of Health issues a Certification in Colonic Irrigation, which is an add-on to Certification in Massage Therapy. For a person currently licensed to practice massage therapy in Florida, the colonic certification requires successful completion of a course of study in Colonics at a Board of Massage Therapy Approved Massage School which is approved to offer colonics, or completion of a Board approved apprenticeship program in the area of colonics; and must pass the Colonics Examination administered by the Department of Health. This training includes completion of a 2-hour course on the prevention of medical errors (Florida Department of Health, 2004).

As another example, in Nebraska, colonic irrigation is included under the definition of the practice of chiropractic, with no additional certification required (Nebraska Health and Human Services System, 2004). In contrast, in the state of Washington, chiropractic explicitly shall not include colonic irrigation (Washington State Legislature, 2004). In some states naturopaths perform colonic irrigations, but naturopaths are only licensed in a few states. In Texas there is an ongoing lawsuit where the attorney general’s opinion is that a physician’s supervision is necessary (Texas Attorney General, 2004).

Again, professional training is not an issue unique to colonic irrigations, and is probably a more serious problem with enemas. Paran et al. (1999), in their study of colon perforations from cleansing enemas, discuss the importance of information about the possible problem for making a rapid diagnosis. Vague and misleading information from nursing home staff made diagnosis

difficult, and the authors specifically note that, "The information given by the nursing homes' personnel who referred the patients may be misleading, especially when future litigation is considered." They recommend that, "Awareness of the possible injury should be stressed to the general population and, especially, to the nursing and medical staff of institutions for the elderly, where chronic constipation in the patients and the use of enemas are common" (p. 1612). They note the relevance of their observations to colonic irrigations used in alternative medicine as well. Schmelzer et al. (2000) note that enema administration is a basic nursing skill, and it seems reasonable that administration of colonic irrigations could also be seen as a nursing skill.

Given these conflicting regulations on training and certification, there is great potential for misunderstanding by practitioners and clients. This also makes research on safety and efficacy more difficult. However, that research *must* be conducted for there to be reasonable regulations on colonic irrigation.

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INSTALLATION AND REPAIR (as part of limited warranty)

To insure a successful installation of these devices, the owner must provide the following:

1. The system must be set up and the plumbing connected as directed by Ultimate Concepts. The owner must not alter the system in any way.
2. Have the water district serving your area test the water pressure (PSI). The pressure must at least 40 pounds per square inch outside and inside the building.
3. The sewer drain must slope at least 1/4" per foot or 1" per 4 feet. The drain must be in the floor, not the wall. There must be no "P" traps downstream in the sewer. This is code for all areas.
4. The room must be large enough for the person using the device to be able to work behind the console and have enough room at the head end for the tallest person using it to lie comfortably on it.
5. If the owner requests a representative from Ultimate Concepts to perform on site training for the device. A \$400 training credit is built into the cost of the machine. With this credit, our representative will come to the owner's location to train or the owner can come to our location to train. The credit may not be used as a discount.
6. If a problem arises with the device as a result of a factory defect, Ultimate Concepts will send a representative to perform necessary repairs on the device. In this case, Ultimate Concepts will be responsible for all costs incurred.
7. If a problem arises with the device due to the fault of the owner, Ultimate Concepts will send a representative at the request of the owner. The owner will be responsible for all charges incurred by the representative (including airfare, lodging, transportation, meals, actual repair time, parts and materials). This must be agreed in writing before the representative is sent.
8. Some components used in the building of the device are purchased by Ultimate Concepts. These manufacturers provide the warranties on their components. All claims for repairs on these components must be handled by the manufacturer of these products.
 - A. Fiberglass (table and console): warranted by Ultimate Concepts.
 - B. The enema board and reservoirs will be warranted by Ultimate Concepts.
 - C. Water Filtration System: Parker Manufacturing, Ph: 208-522-8915
 - D. Minor wear and tear items will be replaced by the owner as needed.
9. Ultimate Concepts does not install the water purification system. A plumber or handyman with plumbing experience does this. Filter cartridges should be changed every 2 1/2 to 3 months and can be purchased from Ultimate Concepts.

Eldon L. Lowder, President of Ultimate Concepts

(REDACTED)



3805 Presidential Pkwy., Suite 106, Atlanta, Georgia www.nilewellnesscenter.com 770-454-1363

Colon Cleanse Personal History Form

Date: 6/16/12
Name: [REDACTED]
Email: [REDACTED]
Mobile number: [REDACTED]
Home zip code: [REDACTED]
Occupation: [REDACTED]
How did you hear of us? [REDACTED]
Height: [REDACTED]
Weight: [REDACTED]
D.O.B.: [REDACTED]



Why have you chosen to have a colon cleanse at this time? Please check all that apply:

Physician prescribed ☐ 9th amendment right to self treat ☐ other ☒ [REDACTED]

Contraindications: Have you ever been diagnosed with any of the following:

- | | | |
|--|---|--|
| <input type="checkbox"/> abdominal hernia | <input type="checkbox"/> abdominal surgery | <input type="checkbox"/> abdominal distention |
| <input type="checkbox"/> acute liver failure | <input type="checkbox"/> aneurysm (all types) | <input type="checkbox"/> colon carcinoma |
| <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> colitis | <input type="checkbox"/> dialysis |
| <input type="checkbox"/> diverticulosis | <input type="checkbox"/> diverticulitis | <input type="checkbox"/> anal fissure |
| <input type="checkbox"/> fistula | <input type="checkbox"/> hemorrhoidectomy | <input type="checkbox"/> intestinal perforations |
| <input type="checkbox"/> lupus | <input type="checkbox"/> currently pregnant | <input type="checkbox"/> renal insufficiencies |
| <input type="checkbox"/> rectal surgery | <input type="checkbox"/> colon surgery | |

If any of these conditions have occurred within the last twelve (12) months, contact Dr. Imani prior to scheduling your colon cleanse.

I have not been diagnosed with any contraindication for colon irrigation (see the list above). I am aware that colon hydrotherapists are not physicians and therefore do not insert, diagnose, or prescribe. I am aware adverse events such as perforation, injury, and illness have been alleged and claimed with the use of colon hydrotherapy and enema devices. I am responsible for my own self-insertion. If I experience resistance during insertion or pain, I am responsible for immediately stopping my session and notifying the therapist.

Client signature: [REDACTED]

Please check any of the following you have recently experienced:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> B/M Painful / Difficult | <input checked="" type="checkbox"/> Bladder Infection | <input checked="" type="checkbox"/> Blood in Stool |
| <input checked="" type="checkbox"/> Burning Itching Anus | <input checked="" type="checkbox"/> Heart trouble | <input checked="" type="checkbox"/> High blood pressure |
| <input checked="" type="checkbox"/> Hemorrhoids | <input checked="" type="checkbox"/> Rectal Bleeding | <input checked="" type="checkbox"/> Recent Barium Enema |
| <input checked="" type="checkbox"/> Recent Colonoscopy | <input checked="" type="checkbox"/> Vomiting | <input checked="" type="checkbox"/> Laxatives / P.E. |

website: www.nilewellnesscenter.com email: nilewellnesscenter1@me.com

How often do you have bowel movements?

- ☐ Several times daily _____
- ☐ At least daily ☒
- ☐ Every 1-3 days ☒
- ☐ Twice a week ☒
- ☐ Once a week ☒
- ☐ Less than once a week _____

Is your body consistent in the time of day you have a bowel movement?

- ☐ Always ☒
- ☐ Sometimes ☒
- ☐ Never ☒

Must you take a laxative to have a bowel movement?

- ☐ Never _____
- ☐ Sometimes ☒
- ☐ Always _____

Must you generally strain to complete a bowel movement?

- ☐ Never ☒
- ☐ Sometimes ☒
- ☐ Often ☒
- ☐ Cannot pass unless straining ☒

Have you ever completed a full colon cleansing program before?

- ☐ Yes _____
- ☐ No ☒

Circle any other conditions (HIV, AIDS, Hepatitis A, B, or C)

Are you under a physician's care currently? No _____ Yes ☒

(explain _____)

Have you had any surgical procedure within the past twelve (12) months? Yes _____ No ☒

Informed Consent

I, the undersigned, am in full agreement that colon cleansing is not a proven method, cure, or treatment of disease or condition, nor has it been portrayed as such. Colon cleansing in this facility is a self-administered procedure where, I as the user of the device, am solely responsible for my own actions and release liability regarding my health issues. The devices being used in this facility are FDA registered Class I gravity devices that can be used prior to endoscopic procedures. The facility I have chosen to visit is aware of the laws governing the facility at the time I sign this waiver of consent and that at anytime those laws can change and neither, I, my family, nor my representative(s) will hold the equipment manufacturer, facility, or their representative(s) responsible for my personal choice to receive colon irrigation at this facility nor hold them liable for any changes or variations of the law after the time of my dated signature below. All results of my session(s) are contributive to research and the utilization in future programs of self-health aid, while preserving my privacy, and waive any liability on behalf of the technician serving me.

Client Signature _____

Date

6/10/12

General Health Information (Rank each from 0 [never] to 10 [chronic condition])

| | | | |
|--------------------|------------------|----------------------|----------------------|
| Acne | Allergies | Belching Gas | Blood in urine |
| Boils | Brulse easily | Chest Pain | Chills |
| Constipation | Depression | Diarrhea | Difficulty breathing |
| Dry skin | Excessive hunger | Fainting | Fever |
| Frequent urination | Jaundice | Gall bladder trouble | Insomnia |
| Itching | Overweight | Kidney problems | Liver trouble |
| Nausea | Skin eruptions | Abdominal pain | Parasites |
| Poor appetite | | Sweats | |

Habits

How many hours of sleep do you get nightly (on average)? 7-8

How many days a week do you get exercise? 4

How many glasses of water do you drink daily? 4-5

How many servings of fruits do you eat daily? 2

How many servings of vegetables do you eat daily? 2

How many servings of whole grains do you eat daily? 1

Do you consume any of the following on a daily basis? Alcohol ☒ Coffee ☒ Tea ☐ Soft drinks ☐

Do you take any of these on a daily basis? Vitamins ☒ Supplements ☒ Herbs ☐ Probiotics ☐

List you top 3 reasons for using this service at this time

- 1) constipation is a problem
- 2)
- 3)

What is your #1 wellness goal at this time? to lose weight become regular for B.M.

Please list any prescription medication(s) you are presently taking:

1.
2.
3.
4.
5.
6.

Amino acid formula prescription rates, January 2003 to January 2004, compared with numbers of paediatric physicians and allergists per 1000 children aged 4 years or younger

| | Amino acid formula items per 1000 children | Paediatric physicians per 1000 children | Paediatric allergists per 1000 children |
|------------------------------|---|--|--|
| Australian Capital Territory | 22.3 | 0.79 | 0 |
| New South Wales | 18.8 | 1.02 | 0.033 |
| Victoria | 17.8 | 1.00 | 0.030 |
| Tasmania | 12.3 | 0.53 | 0.033 |
| South Australia | 9.3 | 1.01 | 0.061 |
| Northern Territory | 9.1 | 0.92 | 0 |
| Queensland | 5.9 | 0.72 | 0.008 |
| Western Australia | 3.3 | 0.99 | 0.049 |

Clinical Immunology and Allergy membership handbook 2003).

Prescribing practice varied markedly between states and territories. The Australian Capital Territory, New South Wales and Victoria had six to seven times more amino acid formula items per 1000 children than Western Australia. This did not appear related to numbers of paediatricians or paediatric allergists, as Western Australia had a similar number of paediatricians and more paediatric allergists per 1000 children than NSW and Victoria.

The differences found were unlikely to be related to variation in numbers of adult immunology/allergy specialists, who are unlikely to treat many infants aged under 2 years. Nor were they likely to be due to differing prevalence of combined milk, soy and protein hydrolysate intolerance, as the prevalence of allergic disease does not differ markedly between Australian states. For example, the prevalence of atopic eczema at age 6 years in four cities (Adelaide, Melbourne, Sydney and Perth) was very similar, ranging from 10.1% to 11.4%.⁵ It seems unlikely that 80% of cases of combined intolerance are being missed in Western Australia. The estimated cost to the PBS for amino acid formula for 2003–2004 of \$7 107 627 was 10 times that of hydrolysed formula (\$757 570).

5 Williams H, Robertson C, Stewart A, et al. World-wide variations in the prevalence of symptoms of atopic eczema in the International Study of Asthma and Allergies in Childhood. *J Allergy Clin Immunol* 1999; 103: 125–139

Rectal perforation from colonic irrigation administered by alternative practitioners

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TO THE EDITOR: Colonic irrigation is the introduction of a large volume of fluid into the colon via the rectum. This volume may be up to 50 litres, run in and out by means of a rectal tube, in an effort to empty the bowel. This treatment is often administered by a practitioner of complementary or alternative medicine, without medical advice. The fluid may be driven by gravitational or mechanical force.¹ Recognised risks from

colonic irrigation are electrolyte imbalance, bowel perforation and communicable diseases such as amoebiasis.²

Colonic irrigation is different from a standard enema given to relieve constipation or to treat a primary bowel disease. An enema involves a small amount of fluid and is usually authorised by a medical practitioner and administered by a trained nurse, attendant or is self-administered. Perforation of the rectum has rarely been reported.³

We document three cases of perforation of the rectum from colonic irrigation, treated by different surgeons at different institutions (Box). All have required surgical intervention. Each patient underwent colonic irrigation to relieve chronic constipation, to "cleanse" or "clear out stale faeces". None had primary colonic or rectal pathology. None of the three patients were warned about the complication of perforation. Importantly, one patient initially denied the use of colonic irrigation, even with direct enquiry (Case 1), presumably because of embarrassment. This has the potential to delay the diagnosis or lead to inappropriate treatment.

Perforation may occur in the rectum by direct injury from the irrigation device (Case 1), or after the irrigation has commenced (Cases 2 and 3), and may be caused by the generation of a high pressure within the lumen of the bowel.

Rectal perforation from colonic irrigation may be diagnosed from the history, plain abdominal x-rays or a computed tomography scan with or without meglumine diatrizoate enema. A high degree of suspicion by the attending physician will prompt the diagnosis. Intensive medical therapy with appropriate antibiotics and surgery is necessary. Plain abdominal x-ray did not show an abnormality at 12 hours in the one case where x-ray was taken.

We feel that colonic irrigation is of dubious benefit, especially when delivered to remove so-called "toxic waste" when bowel

Correspondents

We prefer to receive letters by email (medjaust@ampco.com.au). Letters must be no longer than 400 words and must include a word count. All letters are subject to editing. Proofs will not normally be supplied. There should be no more than 4 authors per letter. An "Article Submission Form" (www.mja.com.au/public/information/instruc.html) must be completed and attached to every letter.

There should be no more than 5 references. The reference list should not include anything that has not been published or accepted for publication. Reference details must be complete, including: names and initials for up to 4 authors, or 3 authors et al if there are more than 4 (see mja.com.au/public/information/uniform.html#refs for how to cite references other than journal articles).

1 Australian Government Department of Health and Ageing. Schedule of pharmaceutical benefits for approved pharmacists and medical practitioners. Effective from 1 August 2004. Available at: www1.health.gov.au/pbs/ (accessed Oct 2004).

2 Osborn D, Sinn J. Formulas containing hydrolysed protein for prevention of allergy and food intolerance in infants. *Cochrane Database Syst Rev* 2003; 4: CD003684.

3 Host A, Halpern S. Hypoallergenic formulas — when, to whom and how long: after more than 15 years we know the right indication! *Allergy* 2004; 59 Suppl 78: 45–52.

4 Giampietro PG, Kralman N, Oldaus G, et al. Hypoallergenicity of an extensively hydrolyzed whey formula. *Pediatr Allergy Immunol* 2001; 12: 83–86.

LETTERS

function is satisfactory. There is potential for serious harm. The apparent failure of the operators to warn patients about a risk of any serious complication, the failure to diagnose the possible perforation at the time of injury, and the failure to provide any subsequent follow-up, which might have led to an earlier diagnosis of any complication, probably indicates subopti-

mal practice. Cases 2 and 3 occurred at the same clinic within a few weeks of each other, suggesting a possible systems failure of the irrigation device.

Primary healthcare practitioners need to be aware of the dangers of this treatment. Colonic irrigation should be urgently and formally assessed from an evidence-based, risk-benefit perspective.

- 1 Colonic Irrigation and the theory of autointoxication: a triumph of ignorance over science [editorial]. *J Clin Gastroenterol* 1997; 24: 196-198.
- 2 National Health and Medical Research Council Medicine Advisory Committee. Colonic irrigation. Report of the Session (NHMRC) 1982 October Canberra, Canberra: NHMRC, 1982. (Indexed in *Australian Medical Index* Jan 2004.)
- 3 Parun H, Butnarug G, Neufeld D, et al. Enema induced perforation of the rectum in chronically constipated patients. *Dis Colon Rectum* 1999; 42: 1609-1612.

Case descriptions for three women who had rectal perforation after undergoing colonic irrigation

| Case | Age (years) | Timing of symptoms | Clinical features | Investigations | Management |
|------|-------------|--|--|---|--|
| 1 | 59 | Pain immediately on insertion of enema tube. No irrigation. Attended emergency department 24 hours after the tube insertion. | Lower abdominal and deep pelvic pain. Sepsis. | Abdominal computed tomography scan showing perirectal oedema and extrarectal gas. | Intravenous antibiotics and transrectal drainage of perirectal abscess. |
| 2 | 51 | Pain started during irrigation. Attended emergency department 4 days after irrigation. | Lower abdominal pain. Sepsis. | Abdominal computed tomography scan showing gas and fluid in the perirectal fat and retroperitoneum. | Intravenous antibiotics and initial transrectal drainage of perirectal abscess. Recurrent abscess formation required laparotomy and rectal resection with stoma formation. |
| 3 | 56 | Pain started during irrigation. Attended emergency department the same day, but was discharged. Re-presented 7 days later. | Lower abdominal and deep pelvic pain. Constipation and urine retention leading to urinary infection. Sepsis. | Abdominal computed tomography scan showing pelvic abscess posterior to the rectum. | Emergency laparotomy, sigmoid loop colostomy and drainage of abscess. Residual abscess drained transrectally 2 weeks after initial surgery. |



Monday, 04th November 2013

Colon Perforation – Causes, Symptoms and Treatment



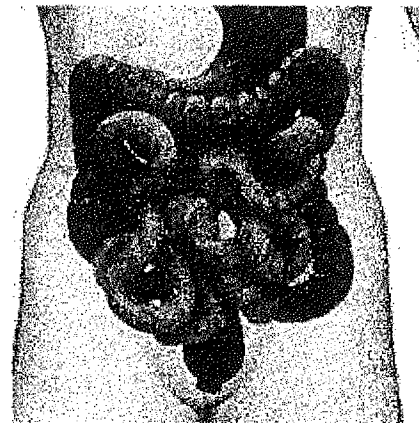
Linda Sanders

What is a Colon Perforated?

A perforated colon is a dangerous condition and can be life threatening especially if no immediate recourse for medical assistance has been done. What makes this condition lethal is not due to the perforation itself but in the seeping out of the toxins from the colon to the bloodstream that can cause serious harm to the body. Colon perforation can have many causes although this type of problem does not usually happen. Still, it is important to know what colon perforation is all about, why this condition occurs and what steps can be made to address this problem.

Causes

- The most common cause of colon perforation is due to doctor error during a procedure like colonoscopy. This is likely to lead to a malpractice suit against the doctor.
- This injury can also occur when getting an enema or if a colonic irrigation specialist accidentally pierces the intestines during a colonic irrigation procedure.
- Gastrointestinal illnesses like ulcerative colitis, Crohn's disease, ulcer, gastrointestinal cancer, gallstones, gallbladder infection, diverticulitis and appendicitis. Some patients with Crohn's disease are unaware they have a perforated colon and only find when their stomach pain gets so severe they have to go the ER and find out they have a perforated colon.
- Other causes of this problem can be due to trauma or puncture by objects that were inserted into the mouth or anus.



Symptoms

The signs and symptoms of a perforated colon can mimic those of a lot of gastrointestinal problems. Diagnosing this condition can be quite difficult and so thorough and specific tests need to be performed on the patient to rule out the possibility of other kinds of conditions. Tests usually performed include X-rays of the abdomen or chest to see if there is air in the abdominal cavity (which is termed as free air). Existence of this is evidence of perforation. Also, a CT scan of the abdomen can locate the site of the perforation. A white blood cell count which is higher than normal is also a sign of the existence of a perforated bowel. If you do experience any of the following symptoms, contact your doctor immediately.

- Abdominal pain
- Bleeding
- Chills
- Cramps
- Extreme nausea
- Fever
- Loss of appetite
- Vomiting

Treatment

The most common treatment recommended by doctors is surgery. This is performed to mend the punctured colon. The rate of success of this type of surgery is quite high but the rate of difficulty of the operation depends on the magnitude of the perforation and the duration of the surgery. Sometimes, this procedure may entail the removal of a part of the intestine, usually the perforated part. Sometimes, the perforation heals by itself and the healing process can be carefully sustained with the intake of antibiotics.