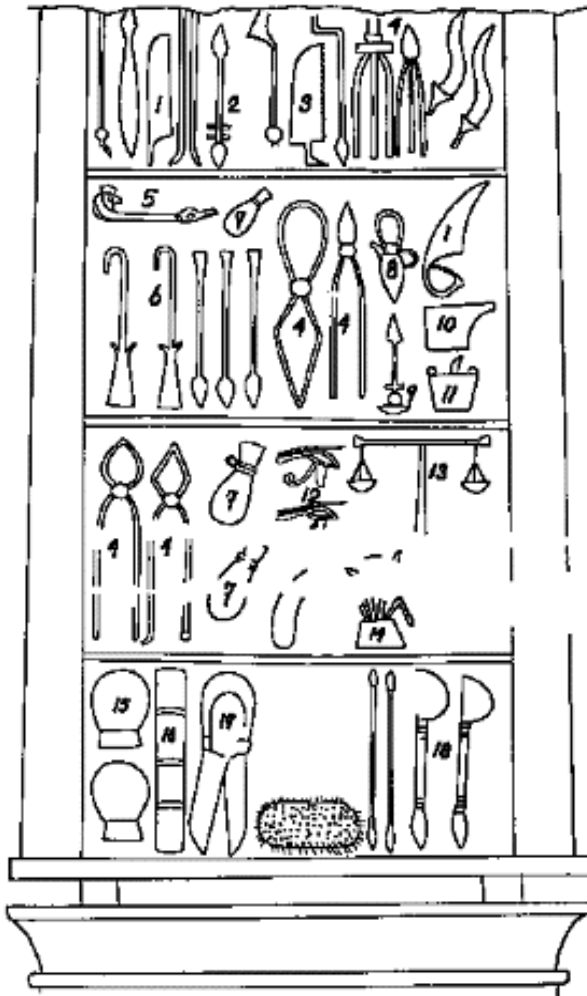


## The History of Colonic Hydrotherapy



It is difficult to identify the exact time in history that colon hydrotherapy emerged, but many historians trace it back to the ancient Egyptians. The historians tell us that the practice colon hydrotherapy, or in its more basic form, the enema, was passed down from the Gods to the Egyptians. There are numerous reports of the frequent use of the enema by the Egyptians, with all of them referencing a papyrus of the 14th century B.C., that is stored in the Royal Museum of Berlin. Descriptions of various methods of preparing enemas are found in the Ebers Papyrus, of the 14th century B.C. This document was obtained in 1873 by Georg Ebers, and dates from the XVIIIth Dynasty. Directions for the use of the enema (or clyster), and remedies for over 20 stomach and intestinal complaints "to drive out excrements" are mentioned.

According to William Lieberman, M.D., verification of the frequent use of the enema by the Egyptians came from Herodotus (484-425 B.C.). In the 5th century B.C., Herodotus wrote: "The Egyptians clear themselves on three consecutive days, every month, seeking after health by emetics and enemas for they think that all disease comes to man from his food."

Use of the enema was not limited just to Egyptians. Information on the use of enemas was recorded on the cuneiform inscriptions

on Babylonian and Assyrian tablets, as early as 600 B.C., and there are references recorded in Hindu medical texts such as the Susruta Smhita, the work of Susruta, the father of Hindu surgery. Susruta describes the use of "syringes and bougies as well as a rectal speculum."

The Greeks and Romans also contributed to the history of the enema. First, Hippocrates (4th and 5th century B.C.) the well known Greek physician, recorded using enemas for fever therapy, and disorders of the body in his "on Regimen in Acute Disease." Then the Roman physician, Asclepiades of Bithynia (124 B.C.) who is credited with establishing medicine in Rome, preferred the enema over the use of laxatives. Asclepiades used the enema for intestinal worms and fevers.



Chronologically, the next written report on the use of the enema comes from Celsus (30 A.D.) the author of *de Medicina*, one of the first medical books. Celsus is credited as being one of the first authors to write about the use of the enema. Celsus wrote, "This remedy should not be too often repeated, nor should it be too hot or cold." The Greek physician Galen (2nd century A.D.) one of the most skilled physicians of his time, was also a proponent of the use of enemas. Unlike Aetius, a Greek physician of the sixth century, who recommended enemas of pure water, Galen recommended enemas of various types, including the use of oil and honey. The Essene Gospel of the third century stated, "The uncleanness within is greater than the uncleanness without. And he who cleanses himself without, but within remains unclean, is like a tomb that outward is painted fair, but is within full of all manner of horrible uncleanness and abominations." The enema was also a favorite mode of treatment for Nigerians and the early African races. It is reported that along the Ivory Coast the inhabitants administer

the enemas by the use of a calabash filled with water, while in certain African tribes, a hollowed cow horn was utilized for the enema.

The first recorded apparatus was the enema syringe; however, there is debate as to who should be credited with first describing the enema syringe. Lieberman gives credit to Avicenna (980-1036 A.D.) as the first to describe the enema syringe, while Friedenwald indicates that honor should be given to Albucasis of Cordova (1013-1106) who also developed the ear syringe and wrote "Rectification of Health". The use of the enema continued to grow and by the time of the famous English surgeon, John Arden (1307-1390) the enema was used "extensively in England by women of that day." Arden wrote a treatise on enemas entitled, "Treatise of Fistula-in-ano, Hemorrhoids and Clysters" wherein he renounced the use of complicated concoctions in enemas since he concluded that in most cases those concoctions left the patient more constipated than before. Arden recommended that each person constipated or not, should be purged three to four times a year to maintain good health.

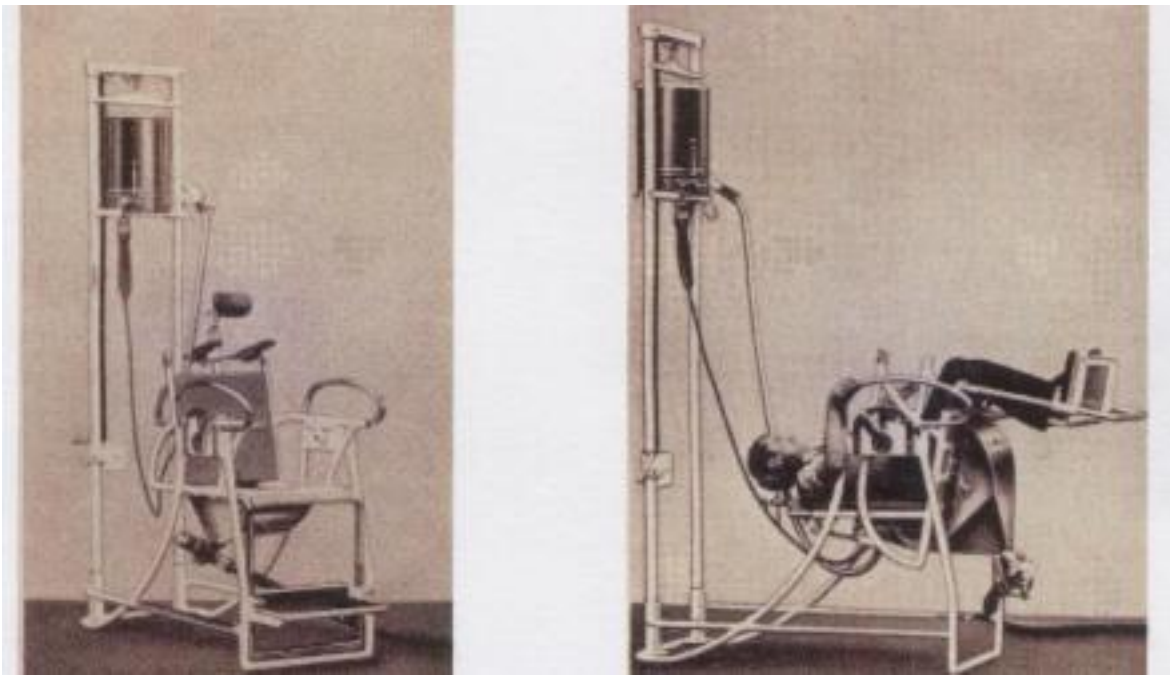
From the eleventh century to the fifteenth century, the early enema syringe was still relatively unknown and was not available to the masses. The preferred and most readily available apparatus remained a tube made of bone, reed or metal connected to a sleeve or animal bladder called the "clyster purse". The bag was emptied by squeezing it between the two hands. Dr. Russell reports that in Spain, the method was called "playing the bagpipes". During the middle ages, information on the enema continued to grow and the use of the enema became the popular vogue of the wealthy and even reached to the highest levels of the royalty. With this growth in popularity, the evolution of the apparatus had to follow.



In 1480, Louis XI suffered an attack of apoplexy which was relieved by an enema, tendered under the direction of his physician, Angelo Catho. "The king became such an ardent advocate of clysters, that he even had his pet dogs clysterized when he thought they required it." One of the first pieces of equipment that is recorded is the clyster apparatus developed by Fabricus Hildanus. In addition to the common bladder concept, he employed stopcocks to control the fluid in the bladder or purse with the additional benefit of allowing the addition of more fluid during the procedure. The next recorded innovation came from Ambroise Pare (1510-1590). His apparatus also had a rigid tube, but this device was designed for self-administration.

The 17th century became known as the "age of the enema". It was the fashion in Parisian society to enjoy as many as three or four enemas a day, the popular belief being that an internal washing or "lavement" was essential to well-being. It was this acceptance by the public that took the enema or clyster from the hands of an apothecary and put it into the hands of the public. By this time, the clyster syringes came in several styles. The clyster syringes were made of copper or porcelain, and the wealthy had syringes made of mother of pearl and silver. It was considered good form to own several syringes and some aristocrats, it is said, even owned large collections of such instruments.

In spite of the surge in popularity, the real growth of the enema or clyster did not come until the apparatus could be self-operated. Even though there were attempts to allow self-operation, as in the device designed by Pare, in most cases an attendant was required. Regnier de Graaf, who is credited with the first description of the Graafian follicle was unhappy with the clysters available at the time, as in many cases they required both hands to operate the syringe or to squeeze the clyster bag. In an effort to find a resolution to this perceived problem, he set about to design his own equipment. De Graaf described the proper method to use the clyster syringe in his treatise *De Clysteribus* published in 1668. In this manuscript he classifies clysters as purgative, astringent, anodyne, emollient, detersive, and diversant, and mentions nutrient enemas of wine, milk and yolks of eggs.



The clyster reached the height of fashion in the early years of the reign of Louis XIV (1638-1715) who, it is reported had over 2,000 enemas during his career. The King sometimes even receiving court functionaries and visitors during the procedure. By the middle of the 18th century, widespread clyster use had vanished, and the idea of developing complete apparatus systems began. Edward Jukes developed two types of enema apparatus units that might have been the precursors for colon hydrotherapy equipment today. According to Friedenwald and Morrison, Jukes first developed a form of gravity enema called the "flexible clysmaduct", which would hang from a wall. The height from the floor was the determining factor in the pressure available, hence gravity. The second type of enema apparatus was a pressure-fed type of enema which designated the improved "syringe". The pressure of this equipment was determined by how fast the syringe pump was "pumped". Even with the improvements to the enema apparatus, there still was no consistent form of the enema.

The issue of inconsistent standards was finally resolved by Vincent Priessnitz, who is the individual credited with developing the use of the enema and the clyster into a systematic form of therapy. During the

late 19th and early 20th century, the use of colon hydrotherapy, and enemas, slowly dwindled among the medical community as laxatives and other drugs became more commercially available and easier to administer.

It wasn't until the practice of Dr. Kellogg, that the therapy was rejuvenated. In addition to proper nutrition, Dr. Kellogg was a huge proponent of the enema in the treatment of many diseases. He reported in the 1917 *Journal of American Medicine*, "in all but twenty cases, he had used no surgery for the treatment of gastrointestinal disease in his patients..." The interesting fact is that Dr. Kellogg had more than 40,000 cases of gastrointestinal disease. His ideas are even parodied in the movie *The Road to Wellville* with Anthony Hopkins as Dr. Kellogg and a shocked Matthew Broderick receiving an enema.

Finally in 1932, Dr. W. Kerr Russell wrote a book entitled *Colonic Irrigation*. This was the first documented use of the term colonic irrigation and colonic lavage. Dr. Russell tracked the evolution of the apparatus for colonic lavage from the earlier syringes, clysters, and enemas to the colonic apparatus of his time. He describes the distinction, "the term irrigation describes more accurately than the words clyster or enema, the treatment which is administered with the modern apparatus. These methods lavage and thoroughly cleanse the walls, remove abnormal mucus, and also empty the bowel. The tone of the colonic muscle is improved and the blood supply augmented."

Tracking the evolution of colonic equipment, one of the original pieces of equipment was the Plombieres by De Langenhagen. This apparatus was first introduced in 1898 and allowed the client to receive the procedure in a reclined position. The pressure and the rate of flow were both adjustable. The Studa Chair and the Subaqueous Intestinal Bath Apparatus were described by Dr. Russell as "the most elaborate apparatus for colonic irrigation which is available." Another interesting type of colonic apparatus in vogue at this time was the Borosini Gymnacolon Apparatus. With this piece of equipment, the client is lying on their back with the legs at a right angle to the torso and knees also bent. As with other equipment at the time, the tank level is adjusted to vary the gravity pressure of the water during the session.



Following Dr. Russell's lead, more books are published on the subject: *Chronic Intestinal Toxemia and its Treatment* by Dr. James W. Wiltsie in 1938 and *Scientific Intestinal Irrigation and Adjuvant Therapy* by Dr. E.G. Waddington in 1940. Dr. Waddington described the Honsaker Lavagatory as having "a graduated volume control for regulating the rate of flow into the patient's rectum, and a directional control for diverting the fluid from the reservoir into the colon and from the colon into the toilet bowl". There are perhaps two types of equipment that foretold the future of colonic hydrotherapy apparatus. The first of these was the Kennison Hydrotone which was one of the first "open" systems. It had an all-metal table with built-in hot and cold water controls and a drain bowl, all connected to the plumbing system in a sanitary manner. With the operator sitting at the side of the table, all the various controls were within easy reach. The applicator was made of stainless steel and permitted inflow and outflow. This double -flow feature made it possible to have continuous irrigation without added pressure being applied.

The next was the Dierker Apparatus which symbolized one of the original "closed" systems. This came in two styles and was described by Dr. Waddington as "promoting physiological peristalsis and working free the contents of the pockets and diverticula." Also, there were different methods of administering colonics. The "high" colonic meant that the rectal tube was inserted 54 inches or further into the intestinal tract through the rectum, causing the water to "flush" out material. In the "low" colonic, which is what we

provide today, the rectal tube was replaced by a speculum or scope which was inserted only 3 to 4 inches into the rectum, allowing the water to slowly soften the fecal material from the rectum through the sigmoid into the various parts of the colon.

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

