Original article

Retrograde commercial colonic hydrotherapy

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Abstract

Objective To ascertain the current practice of commercial colonic hydrotherapy in the UK and to collect data on the profiles of both the practitioners and their clients. In addition to understand how colonic hydrotherapy is perceived by those who use it and how much economic benefit it generates for the practitioners. Information as to training and complications was sought.

Patients and methods A questionnaire was sent to all 80 practitioners registered with the Association of Colonic Hydrotherapists (ACH) of the UK. The practitioners who responded were sent 10 questionnaires to be given to a group of consecutive clients. This client questionnaire included an SF-36 self-administered scoring system and a satisfaction survey. To understand the methodology and ritual of the hydrotherapy procedure a field trip was arranged and two of the authors (NJT and PJM) underwent one colonic hydrotherapy session with an experience practitioner.

Results Thirty-eight (48%) of practitioners responded to our practitioner survey and 242 client questionnaires were returned. One third of practitioners reported a previous clinical background and 32 (83%) were single-handed practitioners. The average time in practice was six years and with an average age of the hydrotherapists being 50 years (22–78 years). Estimated number of sessions conducted were 3200 (range 140–10 000). Average annual income before expenses per practitioner was estimated at £45 675. The clients' ages ranged was 18 and 82 years of age (mean 44 years) and had undergone an average of 35 hydrotherapy treatments (range 1–2500). Clients had lower SF-36 scores than the UK norm.

Conclusion Colonic hydrotherapy is practised widely in the UK with an estimated 5600 procedures carried out by ACH practitioners monthly. It is not known how much activity is carried out by non-ACH members. ACH practitioners appear to be well trained and a proportion have medical backgrounds. Clients, who are often unhappy with orthodox medicine seem satisfied enough with the experience of colonic hydrotherapy to undergo regular purgings. No serious side-effects have been reported to us. Economic factors could be a driving force for the continuation of the practice as the monies earnt are not inconsiderable.

Keywords Colonic hydrotherapy, colonic irrigation, commercial hydrotherapy, complimentary medicine

Introduction

Colonic hydrotherapy (irrigation or lavage) has been employed since 1500 BC and is still thought to be practised worldwide. Its heyday was probably in the first part of the twentieth century when colon irrigation machines were often found in doctors' offices in the US. Recent interest in the topic was fuelled when the late Princess of Wales was said to be undergoing colonic hydrotherapy treatments. Up to the present time there has never been a properly conducted survey in the UK of commercial colonic hydrotherapy and, to our knowledge, no other similar study from elsewhere. Therefore this is the first report of its kind in the world literature and, as there is naturally wide spread scepticism amongst orthodox colorectal specialists of any claims by irrigationists, a first survey will at the very least, allow coloproctologists to be aware of what is a moderately wide-spread practice.

Methods

In order to access the largest known group of colonic hydrotherapists the design and aims of the study were discussed with the executive officers of the Association of Colon Hydrotherapists (ACH) and one of the authors (NJT) gave a lecture at their annual meeting to introduce

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the proposed study. It was endorsed by ACH and all 80 Practitioners who were registered with them were circulated with a questionnaire together with a letter from their Association urging them to participate in a frank and honest fashion. All the questionnaires were returned to the authors anonymously in order to encourage participation in the study. Thirty-eight (48% of the total) practitioners responded to the questionnaire.

In addition the ACH practitioners were also asked to pass on a further 10 questionnaires with stamped addressed envelopes to a consecutive series of their clients. These forms were also anonymous to avoid any possibility of tracing the responses back to particular practitioners. Two hundred and forty-two of 800 questionnaires from clients were returned to the authors.

Results

The practitioners average age was 50 years (range 22–78 years). Thirty-two (83%) were single-handed practitioners. They had all trained for a minimum period of one year with a hydrotherapist registered with ACH and had passed a written and practical examination. This training included undergoing hydrotherapy themselves. The mean number of sessions to which the practitioners had subjected themselves was 45 (range 3–300). The average time in practice was 6 years. Twelve (32%) of 38 had a clinical background (doctor, dentist, nurse) and over a quarter of the whole group were originally nurses. The mean number of hydrotherapy sessions they had conducted was self-estimated at 3200 (range 140–10 000) sessions with 68 (range 4–200) being performed monthly. An average of 56l (range 9–132l) of warm filtered water is administered under gravity through a proctoscope by means of an inflow/outflow intermittent flush-out method. According to the practitioners the treatments take between 30 and 60 min to perform. The cost to the clients varied from £50 to £80 per session. Taking these figures together the annual income before expenses for each practitioner was estimated to be on average £45 675 (range £2160-£144 000).

Clients were aged between 18 and 82 years of age (mean age 44 years) and 84% were female. Individually they had undergone 35 (range 1–2500) treatments with a median frequency of 10 per annum (range 1–96). Seventy-three percent of clients anticipated needing regular and lifelong hydrotherapy. None reported any adverse effects from a total of 8470 treatments. Traditional medicine was rated twice (for the males) or three (for the females) times less effective for treating their various complaints. Twenty-four percent of the clients complained of constipation and 29% had been diagnosed as irritable bowel syndrome. On self-assessment 78% of the clients rated themselves as having no psychiatric problems although 19% admitted having suffered depression and a very few had bipolar and eating disorders. This was in contrast with the SF-36 scores where clients scored significantly lower than the UK norm for all criteria (Fig. 1). When the clients were asked how they thought hydrotherapy worked their responses included that it '*detoxifies*', '*cleans*', '*unblocks*', '*tones bowel*', '*relieves constipation*' '*clears the skin*', '*helps headaches and arthritis*' and '*energises*'. Clients reported a high level of satisfaction with the hydrotherapy and a low level of satisfaction with traditional treatments for their symptoms (Fig. 2).

Both senior authors (NT and PM) underwent a Field Trip with a session of hydrotherapy preceded in one case

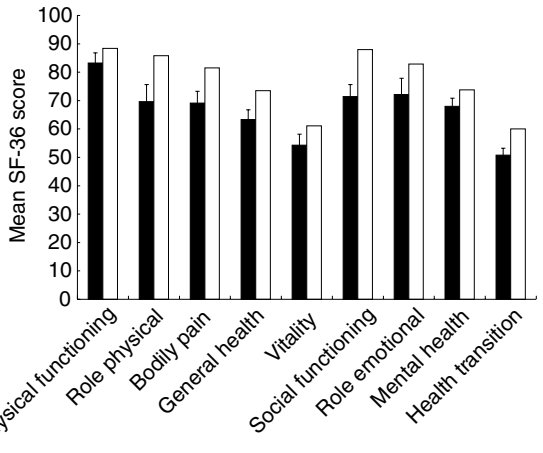

Figure 1 SF-36 scores of clients undergoing commercial colonic hydrotherapy. ■ colonic; □ normal; (mean, 95% CI).

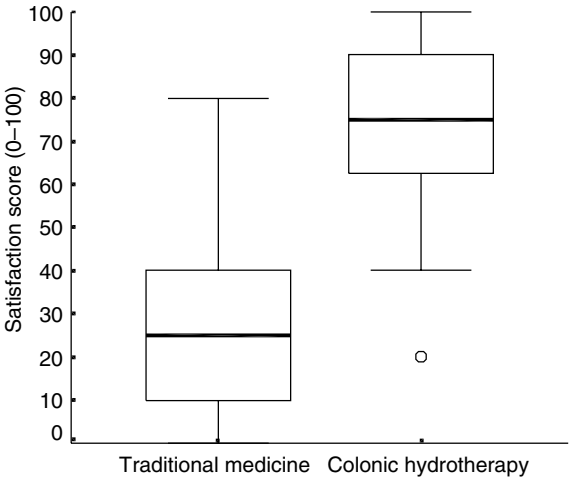

Figure 2 Comparison of satisfaction with colonic hydrotherapy and traditional medicine. Median, interquartile range, range and outliers (○).

(PM) by a dose of Magnetic Resonance (MRS 2000) while lying on his back. Camomile was added to the irrigating fluid in one case (PM). Both authors found the procedure uncomfortable with the only notable side-effect that no stool needed to be passed the next day.

Discussion

The benefits of antegrade lavage through a stoma for the treatment of constipation or incontinence are well documented. Routes of access using the appendix have been used for many years in children [1] and more recently minimal access techniques have established access to the sigmoid colon [2]. The only comparison of retrograde *vs* antegrade irrigation has been in animals and found in favour of the antegrade route [3].

However one study from Holland demonstrated a benefit in patients from self-administered retrograde lavage [4]. Retrograde commercial colonic hydrotherapy has not been studied by orthodox medical practitioners. Only one serious complication of rectal perforation has been reported [5].

Our survey was not a controlled study and we accept that bias could have led to only the most committed practitioners and clients returning our questionnaires. In particular, we had a disappointingly low response rate from both practitioners (48%) and clients (30%) but this might have been expected given the mutual distrust of orthodox and complimentary practitioners. It is hard therefore to draw general conclusions. A self-selecting group will skew results, probably in favour of hydrotherapy. This is a fault in the study design, but we saw no practical alternative. The business of colonic hydrotherapy is commercial and confidential. There is no dataset of clients that can be accessed.

There are many possible reasons for the poor response rate from practitioners. Despite the support from the Association of Colon Hydrotherapists, many practitioners may have distrusted the authors confidentiality or questioned our motives for conducting the work. There may have been genuine and valid concerns about the design of the study and whether it was going to be helpful in proving the place for hydrotherapy. Many alternative treatment practitioners 'know' that their methods work and see no need for a scientific approach. In addition we did ask some personal questions regarding costs of treatment and numbers of clients treated that may have caused a reluctance to take part.

The poor response from the clients was expected. Firstly, in the absence of any other method of contacting hydrotherapy clients, we had to rely on practitioners to circulate the questionnaires. The 42 practitioners who chose not to take part themselves were unlikely to pass on questionnaires to their clients. It is also possible that the 38 who did respond did not manage to pass on all 10 questionnaires to their clients. Perhaps a more accurate measurement of response is to hope that 380 questionnaires were forwarded to clients which would give a more reasonable response rate of 242/380 (64%).

The conclusion from our survey is that it is a safe technique with no clients in our study reporting any adverse effects. In the UK at least it appears to be performed by experienced and trained practitioners if they are registered with The Association & Register of Colon Hydrotherapists. However, it is not known how many are practising outside this umbrella. Although the clients are a self-selected group with some psychological morbidity their satisfaction with hydrotherapy is high and this appears to fill a gap in conventional treatments for functional colonic disorders. A truly randomised study would be hard to conduct but there may be a place for more detailed research which might benefit some patients with functional bowel disorders.

References

1 Squire R, Kiely EM, Carr B, Ransley PG, Duffy PG. The clinical application of the Malone antegrade colonic enema. *J Pediatr Surg* 1993; **28:** 1012–5.

2 Heriot AG, Tilney HS, Simson JN. The application of percutaneous endoscopic colostomy to the management of obstructed defecation. *Dis Colon Rectum* 2002; **45:** 700–2.

3 O'Bichere A, Sibbons P, Dore C, Green C, Phillips RK. Experimental study of faecal continence and colostomy irrigation. *Br J Surg* 2000; **87:** 902–8.

4 Briel JW, Schouten WR, Vlot EA, Smits S, van Kessel I. Clinical value of colonic irrigation in patients with continence disturbances. *Dis Colon Rectum* 1997; **40:** 802–5.

5 Tan MP, Cheong DM. Life-threatening perineal gangrene from rectal perforation following colonic hydrotherapy: case report. *Ann Acad Med Singapore* 1999; **28:** 583–5.

