

The Gerson Therapy

COFFEE: THE ROYAL FLUSH

HOW TO GIVE YOURSELF AN ENEMA (Graphic)

Are There Any Possible Problems or Complications?

The Gerson Therapy

THE GERSON THERAPY is one of the oldest and best known of the alternative cancer therapies. Dr. Max Gerson was born in Germany in 1881. As a medical student, he suffered from severe migraine headaches, which sometimes kept him in bed for days. Even though he was told that migraines were unbeatable, he found that he could control them by avoiding certain foods and eating a low-salt, primarily vegetarian diet, with lots of fresh fruit and vegetables.

After medical school he became director of a special department of tuberculosis at the Munich University Hospital, under the sponsorship of the renowned Dr. Ferdinand Sauerbruch, who developed open-chest surgery and was an authority on tuberculosis.

In the late 1920s Gerson began successfully treating tuberculosis patients with the dietary regime he used for migraines, and, naturally, his work came to Dr. Sauerbruch's attention. Dr. Sauerbruch announced in a number of the world's leading scientific journals that Gerson's dietary therapy was a cure for skin tuberculosis. (17, 18)

Dr. Schweitzer

Gerson's most famous patient, Dr. Albert Schweitzer, came to him at the age of seventy-five suffering from life-threatening diabetes. After a successful course of dietary treatment, Schweitzer returned to work at his African hospital, won the Nobel Peace Prize, and worked past the age of ninety. Dr. Schweitzer wrote, "I see in him [Dr. Gerson] one of the most eminent geniuses in the history of medicine. Many of his basic ideas have been adapted without having his name connected with them. Yet he has achieved more than seemed possible under adverse conditions. He leaves a legacy which commands attention and which will assure him his due place. Those whom he cured will attest to the truth of his ideas." (8)

Treating Cancer

In 1933 the prewar political climate in Germany compelled Gerson to emigrate to the United States, where he established a medical practice in New York City. He began applying his dietary therapy to the treatment of cancer, spending the last 20 years of his 50-year medical career in New York and becoming world famous for treating thousands of cancer patients whose cases were deemed hopeless after conventional treatment failed.

In 1958 he published *A Cancer Therapy: Results of Fifty Cases* (8), which detailed the successful treatment of many different types of cancer. Some of these patients are still alive today, providing living testimony to the success of the therapy.

Opposition and Simple

Because Gerson's treatment for cancer was so controversial, most scientific journals were not receptive to his ideas. However, he did manage to get his work published in some journals in the United States and Europe. (3, 4, 5, 6, 7)

A 1946 editorial in the *Journal of the American Medical Association* criticized Gerson for "promotion of an unestablished, somewhat questionable method of treating cancer." (9) In 1957 the American Cancer Society's Committee on Unproven Methods of Cancer Management spoke out against him, stating that "Gerson's thesis that regression of cancer can result from dietary treatment and 'detoxification' is unconfirmed." (7)

Based on a charge that comments made during a radio broadcast in 1946 constituted personal advertising, Dr. Gerson's membership in the Medical Society of the County of New York was suspended in 1958 after a lengthy investigation. Despite this he continued to treat cancer patients, with success.

Dr. Gerson died in 1959, still fighting to get his ideas accepted. At the time of his death he had succeeded in documenting and explaining his therapy, but there was no one to carry on his work. Then in 1977 Gerson's youngest daughter, Charlotte Gerson Straus, and Norman Fritz co-founded the Gerson Institute, which provides an information and referral service for interested patients. The Gerson Institute is located in Bonita, California, and the Gerson Therapy is administered at the Centre Hospitalario Internacional del Pacifico (CHIPSA), in a suburb of Tijuana, Mexico.

Mechanism of Action

Dr. Gerson based his regimen on the theory that toxins and electrolyte imbalances in the cells cause cancer and help to maintain the continued existence of tumors. To detoxify the body and restore electrolyte balance, patients are placed on a strict vegetarian diet, with regular servings of freshly prepared fruit and vegetable juices. Gar Hildenbrand, executive director of the Gerson Institute, points out that he and other contemporary proponents of the Gerson Therapy do not identify strongly with Gerson's explanations, which were based on the scientific understandings available in the 1950s. At this point they rely more on the observed effectiveness of the treatments and less on theoretical explanations.

Each day patients consume approximately twenty pounds of fresh, organically grown produce, most of which is processed into thirteen freshly prepared juices that must be consumed at hourly intervals throughout the day. Supermarket produce is considered to be too toxic and nutritionally deficient to be used.

The Potassium-Sodium Balance

In the years following Dr. Gerson's death, scientific research in a number of areas has provided explanations of and support for some of the fundamental principles of the Gerson Therapy, including potassium supplementation, sodium restriction, thyroid supplementation, protein restriction, and the use of coffee enemas for detoxification.

The primary focus of the Gerson Therapy is the restoration of the balance between cellular water and salt through potassium supplementation (in the form of potassium gluconate, phosphate, and acetate salts) and strict avoidance of sodium intake. Several papers published since Gerson's death provide a possible theoretical rationale for this aspect of the Gerson Therapy. (2, 15, 16)

The research of Freeman Cope, M.D., has been the most important in explaining the potential value of Gerson's high-potassium, low-sodium regime. Dr. Cope was a salt and water biophysicist, and has been called the father of modern supra-molecular biology.

As summarized in a lecture by Gar Hildenbrand (11), Dr. Cope's work demonstrated that by controlling the types of salts and the water content at the cellular level, one can improve cellular function, regulate cellular energy production, and restore cellular integrity.

The Tissue Damage Syndrome

Dr. Cope also studied the effect of damage to individual cells. (1) He found that, regardless of the type of injury, all cells initially respond by losing potassium. This is followed by an increase in the level of sodium in the cell, which causes water to flow into the cell, producing cellular edema. As the cell swells with the excess water, the environment inside the cell becomes unfavorable for energy production. This is called the tissue damage syndrome.

Gerson's dietary regime is designed to restore electrolyte balance on a cellular level. As the Gerson diet causes the sodium level in the body to drop and potassium levels to increase, the water content of the cells is lowered and the cells can begin to repair themselves.

Advanced cancer is a type of injury that can produce the tissue damage syndrome, causing cellular edema, an increase in total body water, and a decrease in cellular energy production. Researchers working on a National Cancer Institute grant found that "gross weight changes in patients with advanced cancer may be minimal, even when large amounts of body fat are being lost. Under these conditions it has been shown that there may be a great gain of total body water even though there may be no detectable edema." The Gerson program works to reverse the cellular edema that develops in the tissues surrounding tumors and help those cells to return to normal.

In a 1949 paper Gerson described other agents that he added to his therapy, including thyroid extract, potassium, digestive enzymes, niacin, vitamin C, and Lugol's solution. (4) Lugol's solution is a strong iodine solution containing 5 grams of iodine and 10 grams of potassium iodide in 100 milliliters of water. It is designed for thyroid stimulation and potassium supplementation. Other fluid intake is kept to a minimum, and drinking alcohol, tea, or coffee is strictly forbidden.

Thyroid Extract

The thyroid gland regulates metabolism by releasing hormones that control the production of energy in the mitochondria in cells. The mitochondria are small parts of a cell called organelles, or "little organs," which produce almost all the energy that drives cellular activity.

We can understand the importance of the mitochondria by thinking of the cell as a complete industrial city. The mitochondria are the power plants that provide energy

for the city. When the cell becomes swollen with water, it is as if the sewer system in the city has backed up, interfering with power production. Without sufficient energy, the city cannot clean out the backed-up sewers, so waste material accumulates and all productive activities of the city are slowed down or stopped. This is what happens on a cellular level as a result of the tissue damage syndrome.

Gerson used relatively high doses of thyroid extract in his treatment program. When thyroid extract is given in significant dosages, it causes the mitochondria to replicate and signals them to produce more energy. This increase in energy production helps with the elimination of waste from the cell and speeds up the restoration of all cellular functions.

Protein Restriction

Gerson had discovered the stimulating effect on the immune system by protein restriction in his tuberculosis patients in the 1930s, noting that restricting dietary protein caused increases in T-lymphocyte activity. (8) Eventually he discovered that by restricting the protein intake of his cancer patients for a period of six to eight weeks, he could cause the body to eliminate even more sodium from damaged cells. Recent research supports Gerson's observation that protein restriction will stimulate the production of T-lymphocytes and enhance immune functioning. (10)

The Coffee Enema

The most controversial element of the Gerson Therapy is the regular use of coffee enemas. The Gerson therapy excludes drinking coffee, but, in fact, uses caffeine in another way. Gerson discovered that the use of coffee enemas could substantially accelerate the detoxification process. In the early phase of therapy, coffee enemas are administered approximately every four hours to help relieve pain, nausea, and other symptoms accompanying detoxification. Although this treatment is controversial, there is an explanation for its possible effectiveness, since the rectal administration of caffeine has a very different effect than when it is consumed orally.

In an interview Gerhard Wolter, M.D., outlined the rationale for giving coffee enemas. He explained that when coffee is given in the form of an enema, the caffeine is absorbed through the rectal mucosa and is transported directly to the liver, where it causes a dilation of the bile ducts. This increases the elimination of toxins from the liver. Occasionally a "healing crisis" is produced by an overload of toxins being released into the duodenum and small intestines. In these cases, large amounts of peppermint tea can be used to dilute and wash the noxious bile out of the intestines. (11)

Recent research shows that certain chemicals in coffee called palmitates stimulate an important liver enzyme called glutathione-S-transferase, which is capable of removing a variety of free radicals from the bloodstream. A coffee enema increases the glutathione-S-transferase enzyme activity in the liver from 600 percent to 700 percent above normal. During the time that the coffee enema is being held in, all the blood in the body passes through the liver at least five times, since all the blood in the body goes through the liver every three minutes.

Other chemicals in coffee, including caffeine, theobromine, and theophylline, cause blood vessels and bile ducts to dilate, increasing the elimination of toxic bile. Additionally, some of the water absorbed through the intestinal wall goes directly to the liver, diluting the bile and increasing the bile flow.

A choleric is any substance that causes bile flow. The coffee enema is the only pharmaceutically effective choleric noted in the medical literature that can be safely used many times daily without toxic effects. (11)

The British Study

In December 1989 a team of British doctors visited the Gerson hospital in Mexico as professional observers. The team, consisting of Drs. Nicholas James, Alison Reed, and Karol Sikora, came on a grant from a major medical insurance company in Great Britain, the British United Provident Association (BUPA). The team conducted two separate studies: a review of possible cures on record and a psychological profile of inpatients who were undergoing therapy at the time the team visited.

The results of their visit were published in the respected British medical journal Lancet. (13) The authors reported that patients felt they had a high degree of control over their health, which may have explained their high ratings for mood and confidence. Also, strikingly low pain scores and analgesic requirements were noted in all patients, despite the presence of extensive metastatic disease.

The Austrian Study

An exploratory study of a modified Gerson regimen is currently being conducted by Peter Lechner, M.D., in Graz, Austria. The patients in these trials are undergoing regular chemotherapy for their cancers, in addition to the modified Gerson program. They are being compared with patients in the same hospital who are undergoing the same chemotherapy, without the Gerson additions. Lechner reports that patients require less pain medication, are in better psychological condition, and experience less severe side effects than do the patients not receiving Gerson Therapy. (14) Although he notes that his conclusions are only subjective, he observes that patients with breast and colon cancers that had metastasized to the liver seem to benefit more than others and that those patients "seem to live longer, and their quality of life is apparently better."

Gerson Institute Best-Case Review

A study to document long-term survivors and possible tumor remissions among patients receiving the Gerson Therapy is currently being conducted under the direction of Gar Hildenbrand of the Gerson Institute. (12) This best-case review includes patients who were not "contaminated" by other therapies, having received only Gerson Therapy, as well as patients who had failed previous treatment. An uncontaminated case is one for which chemotherapy, radiation, or surgery cannot be deemed responsible for the remission.

In 1984-85 I worked for the Gerson Institute as a consultant on this project. It was my job to research the case histories and medical records of Gerson cancer patients who were long-term cancer survivors. I spent many hours recording the personal stories and case histories of patients who had been nearly killed by traditional forms of cancer therapy before turning to the Gerson Therapy for healing and new hope.

There are detailed records of cancer patients who received the Gerson Therapy and have been in remission for over twenty years. In this respect, the Gerson Therapy is the most successful alternative cancer therapy—in terms of numbers of "cured" patients to report and the length of time many of these patients have been in

remission. Some of the long-term Gerson survivors alive today are patients who were originally treated by Dr. Max Gerson himself. (8)

All the original medical records have been gathered and assembled for independent, blind re-evaluation. The Gerson-Institute is currently awaiting appropriate funding to complete the final re-evaluation. The Gerson people feel strongly that when this study is completed, it will prove that the Gerson Therapy has been responsible for a good number of well-documented cancer cures.

Recent Additions

According to staff members at the Gerson Institute, ozone treatments, hydrogen peroxide, intravenous GKI drip (glucose, potassium, and insulin solutions), live cell therapy, castor oil, clay packs, bacteriophage virus vaccine, and laetrile have been added to the Gerson protocol in recent years.

Toxicity and Side Effects

Two aspects of the Gerson Therapy have been noted as possible causes of adverse effects: the use of raw calfs liver juice and the administration of coffee enemas. Initially raw calfs liver juice was a part of the Gerson Therapy. However, in October 1989, this part of the therapy was discontinued due to the difficulty in obtaining raw calf's liver without bacterial contamination. Patients now take desiccated liver tablets.

Where the coffee enemas are concerned, the caution seems to be unwarranted. Although the literature refers to the possible creation of serious fluid and electrolyte imbalances, no such cases have been reported for patients undergoing the Gerson Therapy.

The Gerson Therapy is time consuming, requiring the juicing of fresh fruits and vegetables every hour and the regular administration of coffee enemas. It is also restrictive, requiring an organic, vegetarian diet. The Gerson Institute encourages patients to have a support person who can help in the administration of the therapy.

As a further aid in detoxification, some patients take castor oil orally and by enema every other day.

COFFEE: THE ROYAL FLUSH

From The Cancer Chronicles #6 and #7
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This is a two-part story on the history of the coffee enema. It has been reprinted often around the world. --Ed.

The most controversial alternative procedure has to be the coffee enema. Along with other detoxification routines, the coffee enema is a central part of both the Gerson and the Kelley programs. It is always good for a laugh: "with milk or sugar?" This bizarre-sounding treatment can also be used to scare people away from alternatives in general. No quackbusting article these days is complete without a reference to "enemas made from roasted coffee beans." So what's the story? Is the coffee enema crackpot faddism or is there some rationale behind this procedure?

An enema is "a fluid injected into the rectum for the purpose of clearing out the bowel, or of administering drugs or food." The word itself comes from the Greek en-hienai, meaning to "send or inject into." The enema has been called "one of the oldest medical procedures still in use today." Tribal women in Africa, and elsewhere, routinely use it on their children. The earliest medical text in existence, the Egyptian Ebers Papyrus, (1,500 B.C.) mentions it. Millennia before, the Pharaoh had a "guardian of the anus," a special doctor one of whose purposes was to administer the royal enema.

The Greeks wrote of the fabled cleanliness of the Egyptians, which included the internal cleansing of their systems through emetics and enemas. They employed these on three consecutive days every month said Herodotus (II.77) or at intervals of three or four days, according to the later historian Diodorus. The Egyptians explained to their visitors that they did this because they "believed that diseases were engendered by superfluities of the food", a modern-sounding theory!

Enemas were known in ancient Sumeria, Babylonia, India, Greece and China. American Indians independently invented it, using a syringe made of an animal bladder and a hollow leg bone. Pre-Columbian South Americans fashioned latex into the first rubber enema bags and tubes. In fact, there is hardly a region of the world where people did not discover or adapt the enema. It is more ubiquitous than the wheel. Enemas are found in world literature from Aristophanes to Shakespeare, Gulliver Travels to Peyton Place.

In pre-revolutionary France a daily enema after dinner was de rigueur. It was not only considered indispensable for health but practiced for good complexion as well. Louis XIV is said to have taken over 2,000 in his lifetime. Could this have been the source of the Sun King's sunny disposition? For centuries, enemas were a routine home remedy. Then, within living memory, the routine use of enemas died out. The main times that doctors employ them nowadays is before or after surgery and childbirth. Difficult and potentially dangerous barium enemas before colonic X rays are of course still a favorite of allopathic doctors.

But why coffee? This bean has an interesting history. It was imported in Arabia in the early 1500's by the Sufi religious mystics, who used it to fight drowsiness while praying. It was especially prized for its medicinal qualities, in both the Near East and Europe. No one knows when the first daring soul filled the enema bag with a quart of java. What is known is that the coffee enema appeared at least as early as 1917 and was found in the prestigious Merck Manual until 1972. In the 1920s German scientists found that a caffeine solution could open the bile ducts and stimulate the production of bile in the liver of experimental animals.

Dr. Max Gerson used this clinically as part of a general detoxification regimen, first for tuberculosis, then cancer. Caffeine, he postulated, will travel up the hemorrhoidal to the portal vein and thence to the liver itself. Gerson noted some remarkable effects of this procedure. For instance, patients could dispense with all pain-killers once on the enemas. Many people have noted the paradoxical calming effect of coffee enemas. And while coffee enemas can relieve constipation, Gerson cautioned:

"Patients have to know that the coffee enemas are not given for the function of the intestines but for the stimulation of the liver."

Coffee enemas were an established part of medical practice when Dr. Max Gerson introduced them into cancer therapy in the 1930s. Basing himself on German

laboratory work, Gerson believed that caffeine could stimulate the liver and gall bladder to discharge bile. He felt this process could contribute to the health of the cancer patient.

Although the coffee enema has been heaped with scorn, there has been some independent scientific work that gives credence to this concept. In 1981, for instance, Dr. Lee Wattenberg and his colleagues were able to show that substances found in coffee—kahweol and cafestol palmitate—promote the activity of a key enzyme system, glutathione S-transferase, above the norm. This system detoxifies a vast array of electrophiles from the bloodstream and, according to Gar Hildenbrand of the Gerson Institute, "must be regarded as an important mechanism for carcinogen detoxification." This enzyme group is responsible for neutralizing free radicals, harmful chemicals now commonly implicated in the initiation of cancer. In mice, for example, these systems are enhanced 600 percent in the liver and 700 percent in the bowel when coffee beans are added to the mice's diet.

Dr. Peter Lechner, who is investigating the Gerson method at the Landeskrankenhaus of Graz, Austria, has reported that "coffee enemas have a definite effect on the colon which can be observed with an endoscope." F.W. Cope (1977) has postulated the existence of a "tissue damage syndrome." When cells are challenged by poison, oxygen deprivation, malnutrition or a physical trauma they lose potassium, take on sodium and chloride, and swell up with excess water.

Another scientist (Ling) has suggested that water in a normal cell is contained in an "ice-like" structure. Being alive requires not just the right chemicals but the right chemical structure. Cells normally have a preference for potassium over sodium but when a cell is damaged it begins to prefer sodium. This craving results in a damaged ability of cells to repair themselves and to utilize energy. Further, damaged cells produce toxins; around tumors are zones of "wounded" but still non-malignant tissue, swollen with salt and water.

Gerson believed it axiomatic that cancer could not exist in normal metabolism. He pointed to the fact that scientists often had to damage an animal's thyroid and adrenals just to get a transplanted tumor to "take." He directed his efforts toward creating normal metabolism in the tissue surrounding a tumor.

It is the liver and small bowel which neutralize the most common tissue toxins: polyamines, ammonia, toxic-bound nitrogen, and electrophiles. These detoxification systems are probably enhanced by the coffee enema. Physiological Chemistry and Physics has stated that "caffeine enemas cause dilation of bile ducts, which facilitates excretion of toxic cancer breakdown products by the liver and dialysis of toxic products across the colonic wall."

In addition, theophylline and theobromine (two other chemicals in coffee) dilate blood vessels and counter inflammation of the gut; the palmitates enhance the enzyme system responsible for the removal of toxic free radicals from the serum; and the fluid of the enema then stimulates the visceral nervous system to promote peristalsis and the transit of diluted toxic bile from the duodenum and out the rectum.

Since the enema is generally held for 15 minutes, and all the blood in the body passes through the liver every three minutes, "these enemas represent a form of dialysis of blood across the gut wall" (Healing Newsletter, #13, May-June, 1986).

Prejudice against coffee enemas continues, however. Although this data was made available to Office of Technology Assessment it was largely ignored in their box on the procedure. They dismissively state "there is no scientific evidence to support the claim that coffee enemas detoxify the blood or liver."

No medical procedure is without risk and OTA is quick to point out alleged dangers of the coffee enemas. For instance, they cite one doctor's opinion that coffee "taken by this route is a strong stimulant and can be at least as addictive as coffee taken regularly by mouth." This may indeed be true. Yet one wonders where the data is on this, and whether OTA would issue a similar warning about the perils of coffee drinking.

Another potential danger, they say, is physical damage to the rectum—"fatal bowel perforation and necrosis" which have been associated with "various other types of enema." The risk of perforation comes from the insertion device used. At the Gerson clinic, for instance, they use a short nozzle which couldn't inflict much harm; Gonzalez uses a soft rubber colon tube. In neither case would this caveat seem to apply. On thin evidence, OTA also suggests enemas can cause colitis.

The agency also cites the case of the two Seattle women who died following excessive enema use. Their deaths were attributed to fluid and electrolyte abnormalities. One took 10 to 12 coffee enemas in a single night and then continued at a rate of one per hour. The other took four daily. As OTA points out, "in both cases, the enemas were taken much more frequently than is recommended in the Gerson treatment."

In general, coffee enemas are an important tool for physicians who try to detoxify the body. This is not to say they are a panacea. They certainly require much more research. But coffee enemas are serious business: their potential should be explored by good research—not mined for cheap shots at alternative medicine or derisively dismissed as yet another crackpot fad.

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Coffee Enemas

Description

Coffee Enemas have been used for over a hundred years as a generalized detoxification procedure. Despite rumors to the contrary, coffee enemas are perfectly safe when done as directed. Coffee enemas stimulate the liver and gallbladder to release stored toxins and wastes and liver function is enhanced.

It is recommended that the enema be done each morning.

Prepare a quart of coffee, using 2 tablespoons of coffee per quart. The water should be purified water. Organically grown coffee is best for this procedure. If you can't find organic coffee, Folger's Regular is of high quality and the most clean of all commercial brands.

The coffee should be made in a stainless steel or glass coffee maker. Aluminum is not recommended because aluminum is a toxic metal and can leach into the coffee while brewing. It is alright to make the coffee the night before use to allow the coffee to cool. The coffee is best used at body temperature. If it cools too much overnight, reheat slightly before using.

When preparing to take the enema, lie on your right side, and lubricate using KY jelly or a similar substance. Insert the colon tube slowly 12 to 18 inches into the rectum. If it kinks, pull back and try again as kinking will block flow of the coffee.

Release the stopper, and let about a pint of coffee slowly flow, then reclamp. If the coffee won't flow, this usually means there is a kink in the tube. If this happens, withdraw the colon tube and reinsert. At first it may be difficult to retain the enema, but work towards retaining the coffee about 10 minutes before expelling.

Repeat the enema, holding for another 10 minutes.

At first you may feel slightly jittery, although most patients find the enemas relaxing. If you find the enema makes you jittery, this usually lessens after the third time. If you continue to be jittery, try making the coffee a little weaker – using one and a half tablespoons of coffee per quart.

HOW TO GIVE YOURSELF AN ENEMA

by Catherine Cavanaugh, R.N.

An enema is a safe, effective, and natural way to cleanse the bowel. It more closely approximates a natural movement than laxatives or suppositories and is much more gentle on the system. Only the last 24 to 36 inches of the digestive tract are involved, as compared to over 30 feet as is the case with laxatives. When you are constipated and resort to a laxative you never really know where you will be and what you will be doing when your laxative decides to work. With an enema you time your movement to your convenience.

Nevertheless, in many people, just the word "enema" brings to mind unpleasant memories of the discomfort of past or childhood enemas. In fact, an enema, properly administered, and taking care to observe some fundamental principles, can be almost without discomfort.



EQUIPMENT NEEDED

An enema bag or can. You can obtain this in any pharmacy. A combination hot water bottle/fountain syringe is the most convenient if you will be giving the enema to yourself. This is because you can set the bag down after it is filled without spilling the solution. A stainless steel irrigation can is more expensive, but easier to use when administering an enema to someone else, and also easier to prepare and clean up afterward. These are available from surgical supply stores. If you travel frequently you may want to consider a folding enema bag travel kit. Also available in some pharmacies, and most surgical supply stores, are inexpensive hospital type disposable enema bag units. In the hospital they are used once and discarded for sanitary reasons, but you can use them several dozen times at home before they wear out.



A Davol colon tube. This is a flexible red rubber tube, 18-30 inches long that attaches to the hard plastic enema tip. It provides more safety and comfort than the standard attachment. These are available from medical supply stores and come in different sizes denoted by their French number. This number designates the interior diameter of the tube, the higher numbers indicating a larger diameter or the ability to pass more solution in a given time. Fr.#26 to Fr.#30 are standard sizes for the

average adult, while Fr.#18 is used for young children, and intermediate numbers for ages in between.

Castile enema soap. This is very mild soap used in the hospital for cleansing enema solutions. It is gentle enough to use on infants, but effective enough to relieve the most stubborn case of constipation. It is in liquid form and comes in a box of 50 single use packets. It is inexpensive and your pharmacist can order it for you, or you can find it stocked in many surgical supply stores. Soapsuds enemas are only recommended in cases of constipation.

K-Y Jelly, vaseline, or cold cream for a lubricant. This is used to make insertion of the rectal tube easier and more comfortable.

Something to hang the bag if self-administered. The enema bag should be suspended no more than 18-24 inches above the level of the rectum. The best place to give yourself an enema is on the bed, or in the bathroom either lying on a rug or in the bathtub. The bed is the more comfortable alternative. If there is no hook or something to suspend the bag from near the bed, put a nail or some sort of a hanger into the wall, so the enema bag can be hung by a strong cord so that it is about 18 inches above your rectum when lying on your side. If you prefer the tub, a string looped over the shower curtain pole or shower head can be used to hang the bag. Some enema bags come with an "S" hook that can be hung on the end of the cord. You can also make one by bending a piece of a coat hanger into an "S" shape.

A pad or heavy bath towel. This is placed underneath the buttocks during the enema. On the bed or bathroom rug it helps to absorb any leakage, and in the tub makes it more comfortable than contacting the bare tub surface directly.

PROCEDURE

For best results, and your own comfort, the enema should be taken while lying down.



If you will be giving the enema to yourself the first thing you should do is set up the area for the procedure. Make sure the hook is suspended at the proper height (18-24 inches above the rectum). Then place a pad or bath towel where you will be lying

down. Slide the shutoff clamp to a point on the tubing where you will be able easily reach it while in position. Check this out ahead of time by hanging the empty bag and assuming the position, just to be sure.

Prepare the solution. The water temperature should be slightly above body temperature, about 105 degrees F. at preparation time.

For a soapsuds enema, if you have a combination hot water bottle and syringe, or an enema can, empty the contents of one castile soap packet into the bag or can, and fill with warm water. If you have a fountain syringe, or hospital type disposable enema bag, then first you should fill the bag one-third full of water before pouring in the castile soap. Then resume, filling the bag with desired amount of water. This prevents the soap solution from running out the enema tubing when the air is expelled. For a combination syringe, after attaching the tubing shake the bag to mix the solution thoroughly. For an enema can, stir the solution with some sort of a stirrer. If castile soap is not available, mix a bar of any mild toilet soap (IVORY, DOVE, etc.) in a pitcher of warm water until the water becomes milky, and then fill the bag or can.

CAUTION: Do not use liquid dishwashing detergent such as IVORY liquid or any other in an enema since these soaps are very irritating to the bowel and their use has reportedly resulted in cases of soap induced colitis.

For a salt solution enema, mix 1 teaspoon of table salt for each pint of solution, or four teaspoons for two quarts.

For a tapwater enema merely fill the bag with warm water. If you have a problem with water purity in your area then warmed distilled or bottled water is preferred.

Lubricate the rectal nozzle with vaseline, K-Y jelly, or cold cream.

Open the shutoff for a moment and allow enough solution to flow to expel the air from the enema tubing. This helps to reduce cramping.

Lubricate your anal area with a generous amount of K-Y Jelly, or cold cream. Work your index finger up into the rectum lubricating the entire interior area where you can reach. This serves two purposes: 1. It makes it easier to insert the rectal tube, and 2. It helps protect the sensitive skin around the rectal area from being irritated by the harsh wastes when the enema is expelled. Wipe your finger with a tissue.

Hang the enema bag on the hook.

Lie down in position. On the bed this should be on the left side with the left leg straight and the right knee flexed (Sim's position). Your left arm should be behind your back and if the shutoff is properly positioned you will be able to control it with your left hand. Your right hand will comfortably rest under your pillow. On the bathroom floor or in the tub, lie on your back with both legs drawn up, knees bent. Make sure you can easily reach the shutoff valve. Put a pillow under your head. If someone else is giving you the enema you may find it more comfortable to assume the knee-chest position. To accomplish this, get on your hands and knees and then put one or two pillows underneath your chest, and lean forward on them. Turn your face sideways and rest it on another pillow, and snuggle both arms underneath. This particular position is an especially comfortable one to have an enema during pregnancy, but if you attempt it on your own the rectal tube tends to slip out and it is

difficult to work the shutoff. If you do this on the bathroom floor rather than the bed, make sure your knees are cushioned by a pillow or a pad, or the pressure on them might cause knee damage.

Gently insert the rectal tube 3 to 4 inches into the rectum. Rotate or twist the tube back and forth to make for easier insertion.

Open the shutoff valve and allow the solution to flow. At the first indication of discomfort stop and wait a few moments. Then release the shutoff and allow the enema to resume. Feel free to interrupt the flow as frequently as is necessary to assist in minimizing the discomfort. Taking slow deep breaths will help, and if you feel cramping at any point "pant like a dog" with shallow quick breathing. As the enema progresses a feeling of fullness develops. This is normal, and discomfort can be minimized by insuring that not too much solution is introduced too quickly. Take your time.

When the bag is empty clamp off the shutoff and slowly remove the rectal tube. Remain in position and retain the solution for a while. For a maintenance enema a few minutes are sufficient, but if you are constipated try to hold it in for 5 to 15 minutes.

Go to the toilet and expell the enema. An enema seldom comes out in a single movement so stay near the toilet for one half to one hour. After evacuating, most people find it comfortable to lie on the bed in a prone position to rest for a while.

A soapsuds enema should always be followed by a clear water rinse to insure that any soap solution residue is washed out of the colon. This minimizes the possibility of any irritation. Follow the instructions above but this time just use tapwater and try to take an entire bagful. This combination of a soapsuds enema followed by a clear rinse is the preferred treatment for cases of constipation.

Clean the equipment thoroughly. Remove any trace of lubricant from the rectal tubing with tissue, and wash with warm soapy water. Rinse out the bag or can, because intestinal pressure can cause reflux (a backing up of solution and colon waste into the bag or can). Then refill the bag or can part way, reattach the tubing if disconnected, and allow the water to flow into the sink, rinsing out the tubing.

Hang up to dry. An enema bag takes several days to thoroughly dry out, and should never be put away while even slightly wet.

TIPS FOR MINIMIZING DISCOMFORT

There are three primary reasons that cause an enema to be a more uncomfortable procedure than it has to be:

Wrong position

Many people are under the misconception that an enema can be successfully taken while seated upon the toilet. In some cases this may produce minimum results that may be construed as success, but in fact, gravity works against the enema and inhibits the solution from reaching the upper parts of the colon, and causes unnecessary discomfort as the solution pools in the lower part of the, bowel causing it to uncomfortably expand. An enema taken while seated upon the toilet seldom produces adequate results, so only take one while on the toilet when it is the only alternative.

Wrong temperature

An enema solution too cool can cause excessive cramping. If it is too hot it can damage the delicate mucosa lining the bowel. Body temperature or slightly above (98-105F) is just right.

Too much pressure

If the bag or can is suspended too high, excessive pressure can cause severe discomfort. The bag should be just high enough to allow the solution to barely flow. Don't worry how long the enema takes. The slower you go the more solution you will be able to take without discomfort.

TIPS FOR MAXIMIZING RESULTS**Use a sufficient volume of solution**

The major factor in an enema's effectiveness is an adequate amount of solution. Many medical books suggest that a pint or so is sufficient, but any experienced nurse will tell you that good results are rarely obtained with such a small amount. What usually happens in the case where an insufficient amount is used is that the entire procedure must be repeated. It is a lot easier and more comfortable to do it right the first time.

Retain the solution for 5 to 15 minutes.

Retaining the enema for a while before expelling it can significantly contribute to good results. Many people find it surprising that this can have such a major impact on an enema's effectiveness, but experience has shown that it really works. Try and retain the enema for 15 minutes if possible, (it is often very uncomfortable, and one minute seems like 10). At least five minutes should be the absolute minimum. During this time the enema has time to work its way up into the upper recesses of the bowel, soften the movement in general, and dissolve the hard caked fecal coating on the interior wall of the bowel.

**Are There Any Possible Problems or Complications?**

There are a number of significant problems that may develop from the use of this therapy. Serious illness and death have occurred from some of the components of the treatment, such as the coffee enemas that remove potassium from the body leading to electrolyte imbalances. Continued home use of enemas may cause the colon's normal function to weaken, worsening constipation problems and colitis. Enemas should be given only under medical guidance. Some metabolic diets, used in combination with enemas, cause dehydration. Serious infections from poorly administered liver extracts may result. Thyroid supplements may cause severe bleeding

in patients with liver metastases. This method may be especially hazardous to women who are pregnant or breast-feeding. Relying on this treatment alone, and avoiding conventional medical care, may have serious health consequences

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