Eleanor Hynote: I'm Eleanor Hynote, Dr. Hynote. I'm the medical director of Phoenix Wellcare, which is an integrated medicine practice here in Napa Valley, California.

Julie Tyler: How long has this part…this incarnation of your practice…how long have you had the integrated part? Has it always been integrated?

Eleanor Hynote: No, I started…yeah, I started and did primary care about twenty-five years ago. And then I felt it was very limiting with…I was very limited with how much time I could spend with my patients. And I was also very limited in what I could suggest and how I could work with my patients for preventative medical care like more about nutrition and preventative health.

Julie Tyler: That's the focus that you want to…

Eleanor Hynote: Yes.

Julie Tyler: Bring to it in other words. And so, how many years in sort of each incarnation has it been?

Eleanor Hynote: I think I was a primary care doctor for about ten years. And then I went to a lot of medical conferences with teaching doctors to learn how the used integrated medicine in their practice. So, I went to functional medicine workshops. And I went to…I joined the American College for Advancement in Medicine. And they have the exact kind of meetings I was looking for. Their meetings were all about nutrition and health and diet and nutritional supplements and teaching us about herbs, what they do and how they could be used. And I became so interested in integrated medicine that I became the president of ACAM. So, right now I'm the immediate past president of ACAM. And it's still one of the largest organizations for MDs and DOs in the country for what we call CAM therapy, complementary alternative medicine.

Julie Tyler: So, for those who want to start widening their scope and introducing other kinds of…other methods for healing, that's the organization that best provides and facilitates that?

Eleanor Hynote: Yeah. And we have CME, community medical education, units that we can use for our licenses. So, we can…

Julie Tyler: So, I just want to back up and make sure I've got that important part. So, AA--

Eleanor Hynote: ACAM, American College for Advancement in Medicine, offers conferences that provide continuing medical education units, which we need to keep up with. That's what the California Medical Board encourages doctors to do…spend so many hours learning, keeping up with medical education. And I found that those are exactly the conferences I wanted to attend. And this was the kind of information that I wanted to pass on to my patients.

Julie Tyler: And then in terms of a professional capacity, you became the active…

Eleanor Hynote: Acting president. And before being president, I spent about seven years as the education director. So, I was the one to call other doctors and invite them to be speakers. And I was able to get the inside line on a lot of new…very new, state of the art, if you will, kinds of medical practices for integrated medicine. I was at the forefront because I was the one bringing the speakers into the conference. So, it was a great opportunity for me.

Julie Tyler: Did you see initial interest…what was the interest level? Did you find doctors that were resistant? Was there…were they proactive?

Eleanor Hynote: I would say that a majority of the doctors that I knew were resistant to it. And they felt that it was okay for me to do this because I had done a fellowship in clinical nutrition and metabolism. So, for them, they thought well this is a natural segue for her because she's just done a fellowship all about nutrition for two years. But for them, the things that I discussed about what I did with my patients, it wasn't really something that they felt they could ever do in their practice because they were just trying to do conventional medicine and just to keep up with conventional medicine alone is difficult. So, they weren't really interested in what I was doing.

Julie Tyler: So, it wasn't…there wasn't a lot of reception, maybe or it took some time to kind of pave the way?

Eleanor Hynote: Yeah. I'd say it took some time.

Julie Tyler: And now, how many doctors are members of this particular organization, ACAM?

Eleanor Hynote: I think we have about nine hundred members now.

Julie Tyler: Across the country. So, it's grown, certainly, since its inception.

Eleanor Hynote: And the meetings are twice a year, and we usually get, between the main scientific meeting, which is two and half days a week in addition to that plus pre conference workshops, we probably have about five hundred or six hundred doctors who come to everything, the workshops and the main scientific meeting. That's twice a year. So, that's a lot.

Julie Tyler: Yeah, do they have any idea what the growth rate is in terms of…

Eleanor Hynote: Oh, with the…the membership? Yeah, we've definitely been growing, no question.

Julie Tyler: Growing and you see more and more…

Eleanor Hynote: I see more interest. And I see younger doctors who now are interested. And they join to take on a leadership role in the organization, which is really nice. And we offer free or very minimal charge for medical students who attend our meetings. So, we…

Julie Tyler: To keep incentivize…

Eleanor Hynote: So, the younger medical students know that we exist now.

Julie Tyler: Sure, and it's not cost prohibitive.

Julie Tyler: So, in terms of your own personal practice, what kinds of patients…since we are talking about colon hydrotherapy, how do you do colon hydrotherapy in the scope of complementary alternative medicine? How important is that particular modality in your opinion?

Eleanor Hynote: CAM therapies…I could never practice without them. I could never go back into practicing…where I am just writing prescriptions because that's basically all that I did when I was doing primary care, in conventional medicine, I was just writing

prescriptions. And I didn't really feel like I could offer very much as far as healing. So, I had to find something, some way of practicing medicine that would work to help people.

Julie Tyler: Right. And one of these modalities is colonic irrigation.

Eleanor Hynote: Exactly.

Julie Tyler: How do you…for what reason would you recommend someone to get a colonic?

Eleanor Hynote: When I was a medical student, we were taught that the normal body could have anywhere from…a person could have anywhere from one to three bowel movements a day, up to only having one bowel movement every two weeks. That's quite a stretch. All that was considered in the norm. And I thought something just doesn't sound right. One bowel movement every two weeks is still within the norm? So, that made me realize that what's quote unquote normal for the population, isn't necessarily healthy for the population.

Julie Tyler: Yeah.

Eleanor Hynote: So, I was…

Julie Tyler: So, in other words, just because there are…just because seventy-five percent of Americans walking around have chronic constipation, does not mean that that is normal? It might be common, but not normal.

Eleanor Hynote: Healthy. Right or really normal. Right. Yeah.

Julie Tyler: It's not what the body desires and how it was meant to function.

Eleanor Hynote: Yeah, it's basically just taking random…to get those kind of statistics, they're just taking random questionnaires. They aren't really asking about the health of the person who has a bowel movement every two weeks. And it just couldn't possibly be healthy.

Julie Tyler: Yeah, it's like they didn't connect the dots. They just asked the questions, but they didn't take it the step further to say so what is the state of the…what is the state of those people versus someone who has more frequent eliminations.

Eleanor Hynote: Yeah, and those questions were never asked, not that I know of.

Julie Tyler: Yeah. So, the ball was sort of dropped, I guess. And so, patients…how many of your patients come to you with, let's say, the chronic constipation? Is that something that you find?

Eleanor Hynote: I think when I started doing CAM therapies, a majority of my patients were what we would call functional bowel disorders. And patients were diagnosed as something like irritable bowel syndrome. Basically, we knew that was just a wastebasket term for we don't know what's wrong. So, we're going to just name it IBS. And because I had that experience at UC Davis Medical Center doing a fellowship in nutrition, I had seen many patients with short bowel syndrome. And I had a good idea of what malabsorption was about. But as a fellow, I realized that I hadn't learned any of that in medical school. I had no idea what short bowel syndrome was and certainly didn't understand what the definition of malabsorption was. And even going through residency, none of us, as residents, knew what the definition of malnutrition was either. So, that all is what I learned in the fellowship and then I was able to bring it into an integrated practice and study a little bit more about what was considered functional bowel. And the part of that is…the most important part, I think, is the patient who is suffering from chronic constipation. They're the most difficult to deal with and treat, I think, even than the chronic diarrhea patients who are really difficult. And sometimes it's as easy as telling… inviting someone to take some magnesium.

Julie Tyler: Right.

Eleanor Hynote: That can solve a major problem, but it's as difficult as looking a little closer as to what's going on in their bowel with what we call dysbiosis. And what might help the dysbiosis, which would bring in the role of possibly colon hydrotherapy.

Julie Tyler: And so, colon hydrotherapy, certainly having the application with the chronic constipation, but what is your opinion on toxicity or the toxic burden or load that each… the threshold that each patient kind of can tolerate and how constipation plays into that or doesn't?

Eleanor Hynote: I think that everybody genetically has their pattern…their gene pattern on how well or how poorly they detoxify. And there are several different stages of detoxification, this detoxification pathway. One, two, and I like to think of it as the pathway… one is the vacuum sucking up the dirt and toxins. And pathway two is emptying the vacuum. And so, depending on what the genetics are like, some people have more difficulty with pathway one or two. And I find that if there is a problem emptying that vacuum, that's probably the worst problem because everything is really backing up. And that if you can do any kind of therapy where there's for example, keeping the bowel movements regular on a regular basis and having bowel movements everyday, minimum of every day, then you can help with…just by using evacuation, you can help with the detoxification pathways.

Julie Tyler: What are some of the…what's the symptamology? What does that look like for somebody who now has functional bowel issues where they have impaction problems? What kinds of symptoms do you see?

Eleanor Hynote: Patients who have problems with the detoxification pathways, like with pathway number two, they would be the ones that would have more problem with systemic systems like migraines, the migrainers. They would have problems tolerating. They'd be the ones who had chemical sensitivity, which we're starting to see more and more of. People who can't tolerate the chemicals that are just growing enormously everyday. Everyday there's something like three or four hundred new chemicals introduced into the world. So, I think that mostly it's the systemic ones. And I guess that would also include the inflammatory bowel disease, too, and Crohn's, and also colitis, which are autoimmune, but they are also very much determined by what's going on with the gut milieu and the gut health. I think that's something else that could be improved with just improving detoxification.

Julie Tyler: So, this idea of detoxification or autointoxication or the contents of the bowel, absorbing those toxins and then not eliminating them, you definitely see that as a problem, and this exhibits itself in various types of symptoms. Some are more…some are subtle. Some are more…are vague and hard to pinpoint. But you can argue that colonics would…can help on a broad basis, it sounds like.

Eleanor Hynote: Yeah, especially if they're able to have a colonic that's really…what they would consider "successful…"colonics where you can actually feel and see that the bowel is contracting in such a way that you know that you're getting contraction up higher, probably where the bile ducts are finally contracting and emptying bile, which is where a lot of the toxins are. So, I think when you can get a really successful colonic where that happens, then you can get…patients feel so much better. And then you'll see

that their migraines are fewer. And their pain is less. A lot of patients with migratory arthritis will…if they change their diet and do colonics, they feel so much better. And I think it's probably because of getting that…the bile contraction.

Julie Tyler: And since you are mentioning the bile contraction, and when it's higher up, do you think that when there's quite a bit of burden placed on the colon, that that in turn disaffects the liver and the other eliminatory organs?

Eleanor Hynote: I think when there's chronic constipation and they're not emptying, when there's more of a chance that that isn't happening, that the…where all the bile is at the bile ducts and the…it's just like a huge network of freeways through the liver so if that isn't detoxifying adequately, people don't feel well. And then you have higher risk of chronic diseases, including cancer.

Julie Tyler: Have you had cancer patients…have you…I mean they wouldn't, I guess be, if it's a tumor based cancer, they would be seeing an oncologist, as well. But do you work sort of in tandem with patients and their oncologists? Or have you had instances of cancer?

Eleanor Hynote: In this community, I've been able to work with some of the oncologists with supporting the patients through chemotherapy because they're…the majority of them are losing weight during chemo. A lot of them will lose weight. And a lot of them can't tolerate the chemo as it's building up because they might feel well during the first one or two sessions of chemo, but as their advancing into more sessions, they're noticing that they're tolerating it less and less. And I don't recommend colonics right during when they're getting chemo because of there is some bacterial translocation that we have to think about, but certainly after chemo, I think doing colonics and probably doing sometimes, coffee enemas would be the best because that's where you really get the best results with detoxification of the bile. That's when it's really happening.

Julie Tyler: So, to some degree, the chemotherapy is adding this toxic load to the body that has to be eliminated. It's supposed to do its job and then exit, I guess, quickly from the body. And how do you facilitate that.

Eleanor Hynote: Right.

Julie Tyler: I'm trying to think what else I want to cover.

Eleanor Hynote: And then there's the problem with the leaky gut. That's the other big problem.

Julie Tyler: Yeah, what is your opinion on leaky gut syndrome? That is bantered around quite a bit, especially within the autistic community.

Eleanor Hynote: I think that leaky gut is just way more frequent and more of a problem than anybody knows. And I think that that is the main reason for food intolerances. Or no one really knows what came first, the chicken or the egg. But patients who have a lot of food allergies and what we call food intolerances are probably experiencing leaky gut where the intestinal integrity, the mucosal wall integrity, is not stable. And they have, what can look like under a microscope, deep crevices in the small intestine.

Julie Tyler: And you've seen this?

Eleanor Hynote: You can see them on slides, yeah, in patients with short bowel syndrome. Sometimes the main problem would simply be that there's anaerobic overgrowth. And the only way that there can be anaerobic overgrowth is if there are areas in the small bowel that are very deep crevices where there's a very low oxygen tension. And because of that, certain bacteria that thrive in low oxygen tension are overpopulated in the bowel. And that is…that begins the destruction and injury to the small bowel mucosa. And then, that creates the food allergies. And those are the people who end up having lots of problems with food intolerances to the point where they can't even have many of the supplements out there if there is just even an inkling of corn because a small amount of corn will cause food…will cause them to be ill from either a headache or abdominal pain or fatigue. These kinds of symptoms..there's a lot of those symptoms, I think, that are related to food allergies because of leaky gut.

Julie Tyler: And do you consider those diseases? Or do you consider them things that can be unwound if…once the driver is discovered, can these symptoms be diminished over time so long as somebody takes the time?

Eleanor Hynote: I think that the leaky gut and small bowel bacterial overgrowth can be diagnosed so much easier now. And it can be treated a lot easier. And I'm finding that I concentrate on the gut health before treating anybody seriously with antibiotics to have any kind of chronic infections like Lyme disease that if you are going to just hand someone a prescription for three months of antibiotics, you're going to hand that to somebody who's already having symptoms consistent with leaky gut. They're not going to tolerate that antibiotic. And you better concentrate on fixing the gut health, reducing the

inflammation, and then, once you know they're detoxification pathways are working, then you can I think, safely give them antibiotics and have much less of a chance of them having a bad reaction and never returning.

Julie Tyler: So, it sounds like the intestinal integrity and that whole digestive tract is quite literally at the core of a lot of symptoms and whether that integrity exists, kind of can indicate whether somebody's in good health or not, or suffering. What is your experience with colonics and Lyme disease? You brought up Lyme disease.

Eleanor Hynote: I would say half my practice is Lyme. And a lot of the Lyme patients have headaches, really bad headaches.

Julie Tyler: And joint pain, I hear.

Eleanor Hynote: Migratory arthritis. If you Google two words, migratory arthritis, you'd come up with in the top three, Lyme disease. And a lot of that migratory arthritis is the immune reaction. It's the body's reaction to the antigen of the infectious agent. And that… the coexistence of headaches that often are seen with Lyme disease, I think have a great deal to do with the fact that patients aren't detoxifying normally. And they're taking more and more pills like Tylenol or Excedrin for head pain. And they're gumming up the detoxification pathways even more by taking those kind of medicines.

Julie Tyler: They're aggravating an already taxed situation.

Eleanor Hynote: Right, making worse. And so, I've always learned in integrated medicine and holistic medicine that if there are headaches that you need to think about the liver. And you need to think about detoxifying as best you can. And part of that, when I'm thinking about how to help somebody with headaches and infection, I'm thinking also about whether there's something that could be done and improved with colonics. That's part of the armamentarium I have to improve things if they've got leaky gut or detox pathways that aren't working.

Julie Tyler: So, colonics play a big role, it sounds like?

Eleanor Hynote: Yeah, in my practice, yeah. And if I couldn't refer patients for colonic, I think it would make it a lot more difficult to practice and to be able to treat the patients and offer them the therapies that they need.

Julie Tyler: Wow. And did you, yourself personally, have Lyme disease?

Eleanor Hynote: Yes. I have Lyme disease. And my oldest daughter and my two younger daughters, who are twins, they have Lyme disease. And so, I was learning by going to conferences just about Lyme disease and that there was a major role in using coffee enemas and colonics for tolerating some of the medications, the antibiotics. And so, from my own personal experience, I had a type of Lyme disease associated more with head pain and headaches. And once I started doing colonics on a regular basis, I had much less head pain. I think a lot of it was related to my liver not handling the antibiotics. And that's probably why I felt worse in the beginning of treatment than I did before.

Julie Tyler: And when you say you had colonics on a regular basis, do you mean for a set period of time, you had a certain number of sessions?

Eleanor Hynote: Yeah, I'd go every week and hope…I tried to go twice a week, but at least every week for several months. I saw a big difference.

Julie Tyler: Wow. That's impressive. Well, good. I feel like we covered quite a bit. You talked about…it is a large part of your practice, it sounds like. And you seem to default to it often because once people understand you're body has these functions. It's supposed to intake food, assimilate it, absorb it, or whatever, and eliminate. And elimination and detoxing the body is part of what the body is supposed to do as a machine. So, if it's not working, what are your five organs? You have skin. You have lungs. You have colon. You have liver. And you have kidneys, or whatever. So, you have to ask the question. Colonics, how else…I mean I could ask you, I guess, do you see other kinds of colon cleanses as being advantageous? Or do you kind of prefer the colon hydrotherapy? I don't know if you want to talk about that.

Eleanor Hynote: I do use recommendations for fiber in the practice, but I've also found that a lot of patients with leaky gut don't tolerate that kind of fiber. And they can feel actually worse. And so, for me, if magnesium isn't working, or I notice on their labs that their liver function tests are elevated, then I need a higher tactic. And that usually involves colonics rather than just using the fiber. And I don't ever…I try…I have very rarely written prescriptions for laxatives, either because I feel like that people become dependent on the laxatives. And so, I definitely use more natural therapies.

Julie Tyler: Do you think colonics are safe?

Eleanor Hynote: Absolutely. I've never had a patient ever have a problem with colonics. And we do…I did flexible sigmoidoscopies for years in my practice when I did primary care, never had a problem. It was done right in my office without any kind of anesthetic.

Julie Tyler: And in order to do that particular exam, were colonics a part of that?

Eleanor Hynote: Yeah. Actually, that was before I knew you could go to someone local for colon hydrotherapy. But part of it was writing them a prescription for a prep, so that they had a clean colon, or at least the lower third of a clean--

Julie Tyler: And the prep involves an oral…

Eleanor Hynote: Right, usually oral drinking, some sort of enema.

Julie Tyler: Right.

Eleanor Hynote: And we did those all the time and never had problems. And they do colonoscopies on a regular basis everywhere. And there are very few…very low rates of complications. And colonoscopy is definitely way…is significantly more of a risk than doing colonics in the hands of a hydrotherapist.

Julie Tyler: Yeah.

Eleanor Hynote: It's just basically using water in what was known as, years ago, Harris flushes. It's just another version of what was used in the 1940s and 1950s, a Harris flush using water to clean out the colon.

Julie Tyler: Yeah, it's kind of a no-brainer.

Eleanor Hynote: Yeah. It's just a…now they figured out a better way of introducing the water. And they figured out a better way of suctioning it out so that there's…you can sort of reactivate the colon movement, the peristalsis. It's just aiding the ability of the colon peristalsis to now start working because it isn't gummed up with so much stool or impaction. Very recently, I just sent another Lyme patient who was having a lot of abdominal problems. We went through a very expensive CT scan to just show that she was full of stool. And she was asking how does that happen. And I'm like, "you probably haven't noticed that you're not going to the bathroom as often as you were before. You're

way more sedentary. And you're taking a lot of medicaitons and antibiotics. And you're probably not drinking enough water. And that's where it was coming from."

Julie Tyler: That was amazing. Your patients are really lucky to have you!

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