

**Julie Tyler:** Can you tell me a little bit about your nursing background? Maybe where you went to school and what your experience was with possibly colonoscopies prior to the prep that you now do here Barton Hospital.

**Susan Frailey:** Okay. Well, I started in medical surgery and I also worked in surgery for quite some time. I'm working in the gastroenterology department and I've been here for two years. And before that I actually had my own experience with doing a colonoscopy because I have a history of cancer in my family.

**Julie Tyler:** So you decided to get early screening?

**Susan Frailey:** I did. Yes, I did. At that time, we were using phospho soda.

**Julie Tyler:** Because you don't look 50.

**Susan Frailey:** Well, thank you, but I am. Thank you. So I experienced myself the prep for a colonoscopy what we used to do.

**Julie Tyler:** The previous prep or the one that continues even today.

**Susan Frailey:** Right. Well, actually my first prep was with the phospho soda. So that was nice and easy. Well, maybe not so nice but easier than what we have now. Of course, that's now being taken off the market.

**Julie Tyler:** You're talking about the oral sodium phosphate.

**Susan Frailey:** Right. Right. I call it phospho soda.

**Julie Tyler:** Right, OSP for short.

**Susan Frailey:** Right. So now we have this big gallon that you have to drink the day before and pretty much everybody complains about this prep. It's not a lot of fun. But the goal in what we're doing is we want to see the inside of your colon and we need it to be very clean. So you managed to drink this jug of fluid and it cleans you out real good and

you come in for your colonoscopy. But usually, people are up all night and they're night feeling so good. And some people can tolerate the prep okay but most people it's the biggest complaint of coming to get your colonoscopy done. So when I came here two years ago we were just doing our standard preps and it just so happened we were having a series of cancellations at least once a week, which may not sound a lot to you but that's a lot because that's a lot of patients not coming in. And what we were finding is that they were about half of them were not re-scheduling to do their colonoscopy.

**Julie Tyler:** And just blowing it off entirely until some time down the road.

**Susan Frailey:** Yeah. Or not, or who knows. But in that case you're going to be missing a cancer and that's really what this is all about. And Dr. Norman, the gastroenterologist that I worked for knew that I was also a colon hydrotherapist. And when I came over to this department I didn't even think of any of that ... of putting it all together but there is such a division between the alternative world and the medical world. But at that point he was asking about that and I showed him the video clip for I-ACT and Dotolo Research. It wasn't I-ACT. Excuse me. The video clip from Dotolo Research and the Danbury Research.

**Julie Tyler:** Danbury Hospital in Connecticut.

**Susan Frailey:** Yeah. So he saw the video and he said, "I want that yesterday!" So we got on the stick and still had to go through some hoops. I had to write a business plan. It still had to be approved by administration of the hospital. And, of course, Dr. Norman was backing me all the way so it made it a lot easier. So we ended up getting the service and getting it plugged in. And, of course, with the experience that I had it was pretty easy to do because I all ready knew what to do as a colon hydrotherapist. And there is a prep to follow. It's not just doing colon hydrotherapy and you come in and get your colonoscopy. You do still have to do clear liquids the day before and you do have to drink a 12 ounce of MiraLAX and a couple of Dulcolax.

**Julie Tyler:** To facilitate the movement.

**Susan Frailey:** Right. Right. Because we don't want to just clean you out. We want those walls of your colon squeaky clean so we can see. You don't want to miss anything. So you do the combination of the low volume oral prep plus the colon hydrotherapy. And then you come in the morning of your colonoscopy and you get the hydrotherapy.

**Julie Tyler:** So it's really that morning, a couple of hours prior to the exam.

**Susan Frailey:** Exactly, right.

**Susan Frailey:** And we want anything that's makes everything run smoother and we want patients happy. And he's the doctor. He wants his patients happy. He doesn't want everyone coming in and grumbling about how miserable they are. And I didn't say the cancellations were due to people ... that they were intolerant. They would drink the GoLYTELY and they would ... how do you say nicely, throw up? They would throw up and they couldn't come in.

**Julie Tyler:** Yeah, that would be good to talk about--just some of the adverse effects that people were having and it didn't seem to be as easy for some, it's not for everybody.

**Susan Frailey:** Right, no.

**Julie Tyler:** Just some people have that iron constitution and they're not-- they're pretty tough.

**Susan Frailey:** About one percent of the people come in and say that was nothing, but that's not very high.

**Julie Tyler:** Yeah, just talk about a little bit about some of the experiences that people were having when they were trying to get through the PEG or the OSP, ie some of the adverse effects.

**Susan Frailey:** Okay. Well, what we saw was happening is people were intolerant of drinking the whole prep, even sometimes just drinking a little bit of it they were throwing up. So they could not drink that and they would be unable to keep their appointment.

**Julie Tyler:** Because they couldn't get through the prep?

**Susan Frailey:** Yes.

**Julie Tyler:** The steps prior to that.

**Susan Frailey:** Yes. Mm-hm.

**Julie Tyler:** And did you see that with certain demographics? Or, you know, what percentage of people were coming in and saying they had no trouble with it?

**Susan Frailey:** Well, not very many. One percent. You know, once in a while you'd get in a patient who says gee that wasn't so bad.

**Julie Tyler:** What's with all the fuss?

**Susan Frailey:** Yeah, right. But that's really not the norm.

**Julie Tyler:** So most often for people it was kind of a struggle.

**Susan Frailey:** Well, yeah, mostly people come in and say, you know, you'd ask them did they drink their prep? And they get this look on their face like I barely could do that or yes I did it. There are usually some situations that they've had with drinking the prep. I mean some people it's no big deal. And if you get the mindset we're doing this because we're going to look into your colon and try to look for precancerous polyps. And actually, I think, that's one thing that people don't know about when they come in for a colonoscopy, in general. They really don't get it that we're looking for polyps and we're going to take them out and we're going to change your life.

**Julie Tyler:** Yes, like we're handling it on site right now. So it's not just about looking at the status quo. It's about rectifying or mitigating any problems that are present right then.

**Susan Frailey:** Right, or in the future.

**Julie Tyler:** Or shortly there after. Did you see that there were any specific people that really it was recommended that they not do those two drinks in terms of elderly people or anybody with certain conditions?

**Susan Frailey:** Well, you know, usually, an elderly population. We have been keeping statistics. We've been doing this over a year now, the hydro prep. And we have people all across the board. We have men. We have women. The ratio was 46 percent male and 54 percent female, so that's pretty close. So people are choosing it. People are choosing it

when they've come in for the colonoscopy the first time. So it was designed for these people who really were intolerant for the prep. But what we're finding is that people are just choosing it because they heard the horror stories or maybe they know themselves and they just want to choose this option. And any option that you're going to choose and even more that we create in the future ... it's all about seeing the colon and we have to clean the colon out in some way. It's never going to be something easy. So this is just another option. It's a little more gentle. And a lot of people are just choosing it. And that's one thing I want to mention too ... is there's all of the controversy over colon hydrotherapy and its applications. But this is one place where it's very positive. Our patient satisfaction is super high in the nineties on all of the questions that we ask. And people they want it. And healthcare in the future it looks like it's going to hospital reimbursement based on patient satisfaction.

**Julie Tyler:** So the patient, in other words, if you see that the patients are benefiting that's the driver of whether or not hospitals then implement it into their protocol and then as an extension of that that it becomes a payable or a covered procedure under somebody's insurance.

**Susan Frailey:** Well, it could be. It could be one avenue, I think, and it's a very viable course that this might take. We chose it because we were having cancellations and we needed another option and things just kind of fell into place. But I'm sure other hospitals have cancellations as well, due to the same thing. I mean they can't get around that. But if there is another factor in there as far as patient satisfaction and we can bring that to the table and say, you know, the patients are calling for this and they want it which might be something that could be helpful to get this service into more hospitals. And also, once-- we just advertise one time in the newspaper and all of a sudden we were booked six weeks in advance.

**Julie Tyler:** Advertised what, the actual hydro preps?

**Susan Frailey:** Yes, excuse me. We advertised for the hydro prep just locally and we were booked six to eight weeks in advance.

**Julie Tyler:** For colonoscopy screening?

**Susan Frailey:** For colonoscopies with the hydro prep.

**Julie Tyler:** Yeah, specifically the hydro prep was what-- had they any comparison? Did they advertise colonoscopy before with the standard prep of the drinks? And was there an actual a direct comparison they could make?

**Susan Frailey:** Well, I don't know if they've advertised it that way but there is a comparison study, the Danbury study. And we have our own study as well which actually was just published in EndoNurse too.

**Julie Tyler:** Fantastic. I'm wondering, just to touch a little bit on the business plan and you were saying that it might be payable. Can you talk a little bit about that?

**Susan Frailey:** Well, one thing that is a positive factor for a colon hydrotherapy for a colonoscopy is that we probably break even as far as the cost on doing colon hydrotherapy but we bring that patient into the hospital and they're coming in for a colonoscopy which I hate to talk about money but it's a much bigger charge. But really our focus is getting the patient in for their screening. But it saves the hospital some money and in my business plan we were looking at some figures on how many cancellations were having and what we could recoup if we had a new service that could bring half of those patients back in.

**Julie Tyler:** So even though the service itself for the hydro prep is slightly higher ... I think is what you're saying is that with the standard prep, the drink, you found that because the cancellations were fewer as a result the revenue actually increased for the hospital just because the cancellations were minimized.

**Susan Frailey:** Right. If you minimize the cancellations you're going to just recoup those costs for the hospital. And the payment for itself for the hydro prep is, well we charge \$100 and this probably varies in different states and whatnot. But our other preps are: the omni prep is \$85. And then depending on your insurance coverage it could be the GoLYTELY is \$65. But we've never had anyone complain about price.

**Julie Tyler:** So in other words, hydro prep is not covered by insurance, but patients are still opting for it.

**Susan Frailey:** They don't care.

**Julie Tyler:** ...They're paying for it. It's part of the overall lump sum for the whole colonoscopy screening and they're still opting for it.

**Susan Frailey:** Right. They just want another option. Nobody's even batted an eye at the price.

**Julie Tyler:** And you have the whole business plan to show that that has been successful for you?

**Susan Frailey:** Right. Well, the business plan was before it all started. Yeah, since we've had this service and I don't know if they're correlated but our cancellations have been lower. But I can't tell you that it's directly because.

**Julie Tyler:** Yeah, so we can speculate.

**Susan Frailey:** Yeah. But we did have-- we have that option. We've had a patient who chose GoLYTELY and halfway through she couldn't do it and she called us and is like is there anything we can do? We actually could get her in here. We did the hydro prep-- or just the hydrotherapy and she was able to keep her appointment. Because people take their time off work and they arrange their ride and it's the whole day out of their lives. So you want to try and keep that appointment for them.

**Julie Tyler:** Yeah, especially in the Tahoe area where people are probably driving from long distances to get to this hospital. You know, it's a time factor and you want to make sure it's successful. And, of course, the goal of actually finding cancer being the number one goal. I'm wondering have other hospitals reached out to you as a result of the success that you might have seen here? Have you seen that? Have you tried to extend your business plan? Or that expertise, you know, outside of Barton Hospital?

**Susan Frailey:** Well, been kind of busy. Well, I did speak at the Alimentary Update which was last March and that was a conference for MD's and I did talk about the hydro prep and showed statistics and whatnot. And I did have a doctor call from that conference.

**Julie Tyler:** Was this a GI specific, a gastroenterology specific conference? Or was it MD's across the board?

**Susan Frailey:** Well, it was mostly alimentary so there was liver and colon.

**Julie Tyler:** Alimentary canal.

**Susan Frailey:** Yeah.

**Julie Tyler:** So you had a doctor follow up with you and which hospital or which state was it?

**Susan Frailey:** It was Dr. Newman in Truckee, California, so a local guy.

**Julie Tyler:** Sure, in the hood.

**Susan Frailey:** Yeah, exactly.

**Julie Tyler:** That's good. Have you had any of the GI boards follow up with you or hear about it or anybody kind of from the professional GI boards?

**Susan Frailey:** You know, I don't-- I still think nobody knows about it. I did the conference this year. I actually did it last year, too, right when we were starting this program. And it's still all very new. And there's still hesitation and controversy. But to me it's if you have a little bit of an open mind and we just want to clean the colon. We just want to see. And in the alternative world or in the colon hydrotherapy it's like well yeah that's going to clean you out, do a little MiraLAX, Dulcolax and the hydro prep.

**Julie Tyler:** It's water.

**Susan Frailey:** Yeah, so I don't know, it's just going to be maybe a little slow goings. But we've had people call from out of-- we've actually had some people from New York come here because they knew we had the hydro prep. We have people that find us on the Internet because they're looking for new alternatives and they schedule and they come in. And actually one patient said that his doctor told him about it and I don't know how...

**Julie Tyler:** Who that was or how that came about.

**Susan Frailey:** Yeah.

**Julie Tyler:** That's great. I'm wondering if you want to talk a little bit about being a colon therapist, maybe as a registered nurse and what types of benefit you might have seen outside colonoscopy if that's something you want to talk about. I don't know how you feel

about that. In other words, you had a hydrotherapy business, why you chose to get into it or how that business, that healing approach-- because it's a healing modality. Tell us what your experience was with that or what patients we're finding. Do you want to talk about that a little bit?

**Susan Frailey:** Okay.

**Julie Tyler:** Even though I really do want to focus on the colonoscopy part of it because that's important, but you were a colon hydro therapist or you are an active colon hydro-therapist. So you do have sort of a business outside of your official role at Barton Hospital? That's correct?

**Susan Frailey:** Yes. Well, I had a business for four years working as a colon hydro-therapist. I also was a nurse working in surgery at night. So I had two things going on.

**Julie Tyler:** What was your interest in colon hydrotherapy? How did you decide that was going to be something that was compelling to you and that you wanted to offer that as a healing modality?

**Susan Frailey:** Right. Well, I don't think anyone gets into colon hydrotherapy without having some issue themselves or someone they love or something to bring you in because I don't think you think of it as, "Gee I want to be a colon hydro therapist." Maybe some people do but it's usually something that brings you in. You're usually seeking some sort of way to heal yourself or your loved one in an alternative way. And I don't even like to call it alternative. I like to look at the whole scope of healing and wellness. And we have our conventional medicine and we have complementary medicine. And I think we just need to bring them all together. I mean let's just use all of it and that's why I'm really excited about the hydro prep because it uses both worlds and it's one way in the door to let people know about colon hydrotherapy.

**Julie Tyler:** Yeah. Do you think that that serves the patient better when you're looking at all of the options and whatever resources? Do you see that that benefits the patient more?

**Susan Frailey:** Oh, absolutely. They have more choices and they feel like they have more control over what they're doing in the course of what they're going to take.

**Julie Tyler:** Is it more personalized too? Does integrating some of these other modalities seem to offer more of a personalized approach in your opinion?

**Susan Frailey:** Well, I think that it shows that maybe you have an open mind and you care a little bit more and you want to help them no matter what. But in the medical world we're pretty locked in to our clinical studies and things don't happen without that. But maybe at some point we'll take a look at all of the anecdotal things that are working.

**Julie Tyler:** Yeah, evidence which can be pretty powerful.

**Susan Frailey:** Mm-hm.

**Julie Tyler:** So you got into the therapy because you had maybe a family member or you had your own personal reason?

**Susan Frailey:** Right. Well, I had my own personal...

**Julie Tyler:** GI issues.

**Susan Frailey:** There's a whole history with my son too. I was looking for wellness for him and then I started body cleansing myself because I had started noticing things in myself that weren't right and especially with my gut. And then my mother did die of colon cancer. So I had a few different angles in there. And then if you're a nurse and you work in surgery and you have something painful in your gut you think of the worst first anyway. So I started looking for different things that I could do too and I wasn't going to ignore it. I did see doctors and I did some other things as well. But I can-- I really feel that it completely turned my health around by doing some of the things that I did and which involved colon hydrotherapy.

**Julie Tyler:** Involved as being part of.

**Susan Frailey:** Right.

**Julie Tyler:** What were some of the reasons for your son's health as far as-- so did he get colonic therapy as well?

**Susan Frailey:** No, he didn't. He did like everything else. My son is autistic. So mostly we started with nutrition. And then I started with that myself. And then one thing led to another, started feeling better. And then I started looking at other things. And then I started doing the liver cleansing and some kidney cleansing and some things that are considered very alternative.

**Julie Tyler:** And colon cleansing it sounds like.

**Susan Frailey:** Yes, colon cleansing was also involved with that. But to me, again, you're just trying every angle to help heal the body. And I really feel that our body is we're pumps, we're filters, we're communication, we're transport. And just like in your car, if you don't change the oil or clean the air filter or do the things you do with the antifreeze or whatever, if you don't change those things your car isn't going to work as good and that's pretty standard. Everybody knows that. But our body's the same way. If you're not cleaning out the filters and the pumps and the colon and the liver and all of these things that make it work better you're not going to have an efficient machine. So I believe in cleaning all of these things out just like if you go to the dentist for cleaning your teeth. You know, you put it on your schedule, you get it done and then you go on with your day.

**Julie Tyler:** Sure. So you believe that colon hydrotherapy has applications it sounds like outside of colonoscopy. Certainly, colonoscopy is wonderful, as you said. It's a way into maybe the medical community as far as the GI community and more of the traditional model.

**Susan Frailey:** Yes, personally, I do because I've been through it. I've had experience with it on myself. And I think that anyone that's going to have an opinion on it needs to go through the cleansing or go do some colon hydrotherapy and stick with a program and see if it makes a difference, do your own study. Because I don't think we can just have an opinion on something. We're all educated. We can have an educated guess. But take your educated guess and get some experience behind it and then make your decision.

**Julie Tyler:** I'm just wondering, since you have seen patients coming in from far away to get colonoscopy here at Barton simply because of the hydro prep, since you have some of those cancellations decrease, since you have seen, you know, no adverse side effects it sounds like from the hydro prep. And as a result, obviously, screening has gone up. You mentioned the ad that you placed in the local newspaper and immediately you were booked weeks in advance for colonoscopy prep. What would you say if you found out that the Colon Cancer Alliance does not advocate colon hydrotherapy even as an

alternative for colonoscopy prep, even though their number one agenda is to get more people in for colon screening? Does that strike you one way or the other?

**Susan Frailey:** Well, I would say that they're probably governed by somebody who's having them-- delegating what they do. Because I think that to do something like that ... I think certainly we need to do some clinical studies then to really get some documentation.

**Julie Tyler:** Yeah.

**Susan Frailey:** Is that true?

**Julie Tyler:** This is true. One of the doctors who sits on the board of the Colon Cancer Alliance flat out dismissed the benefit of colon hydrotherapy and said that is not something that they advocate and they don't see that that would be beneficial to the Colon Cancer Alliance and therefore, all of their patients and members at large.

**Susan Frailey:** Well, he's probably never had colon hydrotherapy for one. And to me that's that stance where he's just-- I mean I don't know about this guy but I think that's, to me, making a statement from not backing it with knowledge or experience, especially.

**Julie Tyler:** Do you think that services the patients that are part of Colon Cancer Alliance in terms of all of the resources that they could be benefiting from?

**Susan Frailey:** Well, I think they should turn over every card that they can. And I think well, for me, just the way that maybe my personal biases are as well, I think why can't you do all of it? You can, especially cleaning out the colon. You know, you get some really sound nutrition and go from there.

**Julie Tyler:** Yeah. So hopefully down the road we'll kind of turn that around a little bit. But I was myself kind of shocked that if colon cancer screening is your number one goal, to get in there and look early to see what you can find, then why not have this option if patients are-- but, as you say, they just don't know about it. They haven't seen enough studies, I guess, documented.

**Susan Frailey:** Yeah, well I think back in the sixties that colon hydrotherapy, then called high colonics, got a really bad wrap and I'm not so sure about what was all behind that. But I think it left a bad taste in the mouth of the medical community.

**Julie Tyler:** Sure, because like any modality or any doctor or any service there are going to be stories that haven't gone so well and people that aren't following standards that have been in place. And then that brings kind of the whole modality under the microscope in an adverse way. So this is true.

**Julie Tyler:** So I'm wondering when you advertised to the patients or when you take the patient through sort of the steps of what will happen with their screening do you cite certain studies that have been ... that are available for showing that hydro prep is successful? Or what kinds of documentation does the hospital provide or rely on?

**Susan Frailey:** Well, nobody's even asked for that. They just want to get the hydro prep. They're just so happy that they have a different alternative. They don't even need to see that. But it is-- you can, you can go on the Internet and I have studies on my website. The prep is on my website too so you can see exactly what's involved. But people are just choosing it. But when we hand out paperwork to the patient that's coming in we give them their choices. And it's just on there like any other choice.

**Julie Tyler:** So maybe the question is more about the business plan. When you presented the business plan to the administrators of the hospitals, what were some of the studies that you cited to show that hydro prep should be included as an alternative?

**Susan Frailey:** Right, well the Danbury study is the biggest one that we've got. And then I did bring up the electrolyte study and whatever the literature we did get from Dotolo Research.

**Julie Tyler:** Dotolo Research, yeah. Is the manufacturer of a big part, do you think, going forward, the manufacturer of the equipment-is that an important factor in hospitals adopting this more readily down the road?

**Susan Frailey:** Well, I think as a manufacturer for any piece of equipment that you get in the hospital, they just need to be integral and have a system and affordable and have someone that you can call-an IT person if you need some help, but the machines are pretty easy. And for nurses it's a pretty easy too-- I don't want to say "easy" but they're very trainable.

**Julie Tyler:** Sure. What has been the response of the nurses? Can you talk a little bit about the board certified nursing program because you have the only board certified colon hydrotherapy nursing training program I think, in the country.

**Susan Frailey:** Right. Yes.

**Julie Tyler:** Did I state that correctly?

**Susan Frailey:** Yes, well, I'm certified as a provider by the Board of Nursing in California.

**Julie Tyler:** Okay.

**Susan Frailey:** So yeah the nurses were really receptive and very happy to have a new program for the patients. And they did have to go through some training. And it is a bit extra work for us. We come in a little bit early. And we take turns. Everyone has their day of doing colon hydrotherapy. And so it was an added service and it was an added service for the nurses to do as well. So it's a...

**Julie Tyler:** A new job responsibility.

**Susan Frailey:** Yes, it is. It's a new job responsibility but it's kind of nice that they have their accreditation and they are certified and the first nurses in the country that are certified by a board certified program.

**Julie Tyler:** Yeah. Do any of those particular registered nurses have you seen any interest with colon hydrotherapy being used outside of colonoscopy with the registered nurses? Do any of them have any of their own holistic practices or healing practices outside of their official registered nurse affiliation?

**Susan Frailey:** Well, no. I'd have to say no to that although all of us up here ... are very health conscious and take our health very seriously.

any of them have their own holistic health practices? Or have they been interested to offer this outside of colonoscopy prep that you've noticed?

**Susan Frailey:** Again, we don't offer this outside of the colonoscopy prep. But all of us here in Tahoe are pretty health conscious. And we take our health very seriously.

**Julie Tyler:** Yeah. So do you think some of the nurses are utilizing colon hydrotherapy personally for any issues or reasons? Do you suppose? Do you know?

**Susan Frailey:** I don't know. I don't think so because there's nowhere to go. You have to leave town.

**Julie Tyler:** To go get colon hydrotherapy?

**Susan Frailey:** Yes.

**Julie Tyler:** Really? There aren't any colon hydrotherapy therapists here in Tahoe?

**Susan Frailey:** No, there was just me. And now this is just for the hospital program but we've had so many phone calls people asking, "Can we just do colon hydrotherapy without doing colonoscopy?"

**Julie Tyler:** You have had calls for that?

**Susan Frailey:** Yes, since day one.

**Julie Tyler:** From the patients?

**Susan Frailey:** From just the outside community.

**Julie Tyler:** Individuals calling and saying, "I heard you do colonoscopy prep using..."

**Susan Frailey:** Well, "I heard you do colon hydrotherapy..."

**Julie Tyler:** "For colonoscopy."

**Susan Frailey:** Yes.

**Julie Tyler:** “Would I be able to get colon hydrotherapy if I don’t want the colonoscopy? I just want to do it for my own reasons”

**Susan Frailey:** Right.

**Julie Tyler:** So you have had calls for that?

**Susan Frailey:** Yeah, since day one.

**Julie Tyler:** And what do you have to say?

**Susan Frailey:** We have to say no because right now I feel really blessed to even have this service in here. And to do anything in a hospital you have to pass the administration and everything is policy and procedure. And we have to have that clinical study to document and to back us up. So there’s still a lot to do but I think we’re taking baby steps. And wellness is a big buzz word that’s coming up and hospitals are looking toward that and trying to do something with that. So I don’t know what they’re going to do. This would be a great service to have as far as wellness and we’ll see what happens in the future.

**Julie Tyler:** So you’ve seen that from Barton, their interest in wellness related, that buzz word, that category, modalities that fall under that, whether it’s nutrition or detox or those kinds of things?

**Susan Frailey:** Right. Well, right now in GI, wellness is coming in for your colon screening when you’re 50. So that’s pretty much the...

**Julie Tyler:** Even the U.S. Preventative Task Force that the government created I think under Kathleen Sebelius a couple of years ago-it seems to me that their whole ‘wellness program’ and umbrella really ... if you read the website ... it’s all just get in for different screenings for various different diseases.

**Susan Frailey:** Right, right. Mammogram.

**Julie Tyler:** Yeah. Sure, that can be considered preventative but what about prior to that? What about all of this maintenance that you could do for your body 20 years before your screening? That's what the holistic community considers to be wellness, I think.

**Susan Frailey:** Right. And, again, I think it's baby steps. So at least we're doing a little bit and thinking 'wellness.' We're speaking the word wellness. And if patients start demanding it I really think we're going to see a change but it's going to take a little time. And it's going to take everybody hanging in there. It's going to take the colon hydro-therapists to really stick to standards and protocol and go to GPAT or go to I-ACT and get your certification. Know what's happening in your state as far as regulations and the health department. If there's no protocol then you get with the health department and you make one. Get your prescriptions from your patients, from your clients.

**Julie Tyler:** Yeah, if that's necessary.

**Susan Frailey:** Yeah, most of the time it is. So I think if we just keep following the rules and don't prescribe and if you're going to be in the medical world we've got to follow the medical rules.

**Julie Tyler:** Right. Until the medical world maybe says, "Well I guess we don't need to have MD's on site when somebody just wants to come in to get hydrotherapy because they've been chronically constipated for the last three years." Possibly ... then the hydro therapist who does have all of that training and has followed those standards and is part of the professional organization might be able to just be entrusted with that modality.

**Susan Frailey:** Yes, I think so.

**Julie Tyler:** And then the doctors can get to the business of the more complicated acute problems. That would certainly be a nice goal.

**Susan Frailey:** Right. And I think maybe if the hydro therapist get in some kind of rapport with the doctor in their town and it might be a little scary at first or intimidating at first but there are doctors out there that are open minded. And if you get that relationship going then they will see that hey, this is working and they'll listen to their patients. The doctors want their patients to have a good experience. They want them to be happy. They want them to be healthy. And they want the good word out there.

**Julie Tyler:** Sure. They want to be known as being helpful and healers.

**Susan Frailey:** Absolutely, yes.

**Julie Tyler:** Are we in California? Or are we in Nevada?

**Susan Frailey:** We're in California.

**Julie Tyler:** Okay. So I'm wondering if you know anything about the Nevada sort of requirements in terms of colon hydrotherapy specifically?

**Susan Frailey:** From the hosp...

**Julie Tyler:** Yeah, from the hospital's point of view, since you didn't have to focus on that but I'm wondering just if by any chance you know anything about that?

**Susan Frailey:** Well, if we're going to do versus in a hospital or colon hydro therapist outside the hospital?

**Julie Tyler:** Both.

**Susan Frailey:** Well, if you're in a hospital it's going to have to be a nurse. And I don't even think it's a state law. I think we have federal agencies that govern what we do.

**Julie Tyler:** And this is in the state of...

**Susan Frailey:** This is everybody.

**Julie Tyler:** Everybody, California and Nevada.

**Susan Frailey:** Yeah, you have your state regulations and you have your joint commission, which regulates federally. So I really don't see-- I don't know. You never know. But right now, pretty much, if you're going to be doing hydrotherapy in the hospital it's going to have to be a nurse.

**Julie Tyler:** A registered nurse.

**Susan Frailey:** Right.

**Julie Tyler:** And what about outside?

**Susan Frailey:** Now, I don't know state to state. But I think it's all doable. You just have to really, again, follow the rules...

**Julie Tyler:** And know what the state laws...

**Susan Frailey:** Yeah, know what your health department wants and get in bed with all of these people. Because I know it only takes a handful to be outside the box and make a lot of noise that could take the whole thing down. If everyone sticks to protocol, just even with our prep for the hydro prep for colonoscopy, even if your doctor says okay to that and okay you can use a hydro therapist outside the hospital which is great, we want to follow protocol, don't take it into your own hands thinking this would be a better prep for you as far as what you have to drink or what you have to take. If we just stick with the clinical studies and we all stay together and we all stay on the same page, eventually this is going to work.

**Julie Tyler:** Yeah. Okay. I think we pretty much covered everything, don't you? I feel like we covered it. You said some really great stuff about...

**Susan Frailey:** I didn't talk a lot about my business but that's okay.

**Julie Tyler:** And that's fine. The whole reason I came here was because of Barton Hospital and the progress that you've made. It's funny because God ... Word to I-I-ACT! I mean any therapist who wants to come up to Lake Tahoe and open up a colon hydrotherapy business!

**Susan Frailey:** No shit.

**Julie Tyler:** There's a whole market here.

**Susan Frailey:** Right, all around the lake.

**Julie Tyler:** There's nobody doing it. And you've got a lot of people with money.

**Susan Frailey:** It's a buzz. I know.

**Julie Tyler:** You've got people from all over the country, probably the world here.

**Susan Frailey:** Mm-hm. See that was 10 years ago, so it was a little too soon, but I still was busy enough to keep making it. I never hurt for money. It wasn't like I didn't pay my rent or anything.

**Julie Tyler:** You were doing it because you were helping people and you were seeing it thrive. Yeah, I wonder if the therapists heard that and they're like ... "I'm going to move to Tahoe! I'm going to live in Nevada where it's cheaper and just drive over the border and have my business!"

**Susan Frailey:** We did have a therapist in Nevada and she didn't do so well, actually. She had to close. Money, everywhere is hard.

**Julie Tyler:** Plus, maybe three years ago when Nevada was probably the number one state in decline because of the recession.

**Susan Frailey:** Yeah.

**Julie Tyler:** Hydrotherapy is going to be a disposable income that you're going to-- that's going to be something that ...

**Susan Frailey:** Well, it depends, for me when I was trying to do my work, I was so happy that there was somebody in Reno, I was just thrilled and I would pay them anything.

**Julie Tyler:** Yeah. My father lives in northern Minnesota like 25 miles from the Canadian border, in the middle of the sticks, in the boundary waters. He is 73. He was due for his third colonoscopy now this past year, I think it was number three. And here I'm doing this film and I'm saying, "Dad, you really should look into the colon hydrotherapy!"

**Susan Frailey:** Yeah, a guy and then old school.

**Julie Tyler:** Finally, I said, "Can you just try and talk to your doctor and see if they've ever heard of it (number one). Is it something that they might be open to? And then from there we'll figure out where you might be able to go?" Well, this presented a huge problem because my dad was getting his colonoscopy in Minneapolis, which is a four-and-a-half hour drive. There was nobody in Ely, of course. The closest person, I think, was in Duluth, which is a solid like two hour drive. The doctor had never heard of it, the GI. It was very hard to even get that doctor on the phone and this is what my dad was saying. He's like, "You're never going to get this doctor on the phone. I'm going through the VA to get my treatment." That's where it was all covered-under the Veteran's Association. So it was just a logistical nightmare as far as payment and whatever. And sure enough my dad said, "I'll just do the stupid prep." Does the prep. He drives all the way down there for the colonoscopy. They can't get the apparatus in his colon, which is a problem because now they're like what's wrong? Is there an obstruction right in the front? So they have to reschedule.

**Susan Frailey:** Oh, my God.

**Julie Tyler:** He drinks the prep again a couple of weeks later, goes down, they still can't get it in, a second time. So now the third time they had to do a whole different method for getting a tool in there and they do blow it up with air or something.

**Susan Frailey:** The dilatation? Well, we do put air in the colon as we go.

**Julie Tyler:** That's part of it. So they had to do something else. I don't even know what it was. And so that was just a problem. That's an example of cancellations. There were two unsuccessful screenings I should say. I mean he went for the appointment, so I guess they got paid for it somehow through the VA but not successful. Plus his body he went through two gallons or whatever of that drink and he's 74. And he's all ready been through prostate cancer. Not ideal. Not what I would want for my dad to have to go through all of that with his immune system all ready kind of taxed. So that was unfortunate, but then isn't somebody with colon cancer or known polyps maybe a contra indication for colon hydrotherapy? Can you aggravate-- I mean even I've heard from GIs and even I interviewed a Ph.D. MD who wrote this book called "The Second Brain" I don't know if you've heard of it. Fascinating. I interviewed him in New York. And I have him on camera saying, "Those prep drinks are not good for the body. They cause everything to spasm and it irritates the lining of the colon."

**Susan Frailey:** Yeah, totally, I agree.

**Julie Tyler:** And he's not an advocate of colon hydrotherapy.

**Susan Frailey:** Really?

**Julie Tyler:** So he said all of that but then he said, "No colon hydrotherapy-it's dangerous and the body doesn't need it ..." and all of the standard things that you hear people say which I found fascinating.

**Susan Frailey:** It's just water. It's water.

**Julie Tyler:** It's water.

**Susan Frailey:** I know.

**Julie Tyler:** So he doesn't advocate the prep drinks, neither of them and how harsh they are on the body.

**Susan Frailey:** So what does he do?

**Julie Tyler:** Well, he's a Ph.D. who is a professor of cell biology at Columbia University, and wrote this book. So he got his endowment from the National Institute of Health to do-- he does all of these gastroenterology studies with neuro-transmitters to figure out, you know, I'm sure it's all about which drugs are going to prevent IBS or go back to all of these issues. But he's not coming from the wellness point of view certainly.

**Susan Frailey:** Yeah. Wow.

**Julie Tyler:** I just thought that was really interesting. It sounds like ... and I feel like I've read that if you do have colon cancer, diagnosed colon cancer or known polyps sort of that those preps certainly aren't good because you can kind of rupture one of those polyps. I think, but I don't know for sure.

**Susan Frailey:** Well, seeing the inside of a colon and looking at polyps ... I don't think you're going to rupture anything. If you have bleeding, if you have this rectal bleeding then you know something's bleeding-there usually it's a hemorrhoid. But if you know you have had history and you're thinking it's cancer and I think if you're bleeding from the site,

then no doubt do colon hydrotherapy just because there's so much controversy about the prep.

**Julie Tyler:** Yeah, and then I had Dr. Stephen Holt, are you familiar with Stephen Holt? He's part of IAC. He's a fascinating GI for 30 years. And he flat out said, "Do I think colon hydrotherapy is dangerous? "No." So that was great.

**Susan Frailey:** Right. Exactly. And he just wrote a book. He sent me his manuscript. It's not published yet.

**Susan Frailey:** Well, it's silly to think that it's dangerous. Look what we do every day? Everyone's got risk.

**Julie Tyler:** Everyone's like, "I don't want to upset my electrolytes, or I don't want to ruin the flora that's in my body," but yet ... you're on steroids. You're on all of these pharmaceuticals. You're drinking soda. You don't have any anyway.

**Susan Frailey:** Exactly. What flora? Well, because people don't know. They don't know what they're talking about.