

Julie Tyler: It would just be helpful for you to start telling me about the philosophy here at A Healing Oasis, and why colonic therapy, as you said, is fundamental to your approach.

Dr. Thomas Lodi: And also, I should start out, probably, with my credentials--

Julie Tyler: Yes, your credentials-- please. Tell me your name, your credentials, where you studied, and the evolution of your medical career.

Dr. Thomas Lodi: So, my name is Thomas Lodi, and I am a medical doctor; did my training-- my residency-- in New York, at Columbia University, in internal medicine; started an oncology fellowship, but just didn't have the heart to continue. It was too cruel. So I went off and practiced as an intensive care specialist. In those days, you didn't need to have a special board certification to be an intensivist, so I did ICUs and CCUs, and then I worked in urgent care centers. And the reason I worked in these very acute settings is because the chronic care of chronic illnesses was abysmal, an absolute failure. If someone came to you with arthritis, in 20 years they'd still have arthritis, but now they'd be on 10 drugs, and--

Julie Tyler: And what was that realization for you?

Dr. Thomas Lodi: Right. So the-- what became clear early on in the allopathic, conventional world, was that we had no answers for people with chronic conditions. We-- if they had a chronic condition when they came to see us, they still had that chronic condition 20 years later, if they were alive, but now they were dealing with the side effects of all the medications we had them on. Where we really were able to help people was in acute situations-- a heart attack, a broken bone, delivering a baby, trauma of any kind. So the-- and if-- so, and that's why I liked ICUs, CCUs, and emergency room, because there was resolution one way or another. But, again, that gets old, as well, and it's not satisfying, and so I eventually went back into oncology, which is what we do now. We have an oncology center here, and it's an integrative oncology. It's not conventional in any of the sense-- but we integrate the best of all worlds: the best of homeopathy, the best of naturopathy, the best of allopathy. We use ayurvedic, we use traditional Chinese; we do everything we can. We use some Native American-- whatever works. And every system has stuff that works, and every system has stuff that doesn't work. So we've gone through, we've filtered it, and so that's why it's good for people to come here, because we've already done the filtering. And when you get diagnosed with cancer, your mind starts racing. You lose your ability to be rational. You start functioning on an emotional level. I know that people, even when they're skimming through the Internet, unless they

see bullet points, they don't have the wherewithal to read two or three sentences, because they're operating out of fear. And the system, the conventional system, works through fear and intimidation. You find out you have a lump in your breast; before you know it, your breast is gone and you're sitting there, saying, "What happened?" And that is like, "We got to do this now." Well, the truth is, you don't have to do it now. It's been there at least eight years. Another week or two for you to do your due diligence is absolutely perfect. Perfect. And then, once you've done your due diligence, you'll be in resonance with your decision. So, even if that decision is to do conventional, fine, but be resonant with it. Don't be in conflict.

Julie Tyler: You're saying "resonant," as in, "Resonate with that decision."

Dr. Thomas Lodi: Exactly. Yeah, resonate with it; be in harmony with your decision. So, anyway, what became clear to me over the years, and I've done a lot of research into health-- now, keep in mind, doctors learn nothing about health. They learn about disease, and so we become really good disease managers, but we know nothing about health. In fact, most doctors would not even be able to define health, okay? They-- most would say, "Health is the absence of disease." Well, health is not the absence of anything; it's the presence of something-- the presence of the ability to regenerate, rejuvenate, and procreate-- and that's what health is, and it's an optimal functioning of the organism. So, since they can't define health, they can't help restore you to it. And, really, that's what anyone with a chronic condition is looking to do, is to be restored to health. That's what they're doing. Now, what we do, as doctors, we don't learn how to restore health. We learn how to put a name on the process that the body is going through to save your life, and we call it a disease. So, for example, high blood pressure: Why is the blood pressure high? Because the arteries are blocked, and the body, in its wisdom, knows it needs to get blood to the outer organs, so it's going to increase the pressure. So, is that a problem? No. That's saving your life. The problem is the clogged-up arteries. So, what do you do? Cleanse, fast, do all these things. You'll clear it up. The blood pressure will go back down. So that blood pressure was a curative measure, it was a restorative measure, and we have to understand that. Diabetes-- flooding your self with sugar. You're going to become resistant-- insulin resistant. That's what happens otherwise you'll choke. It's like driving with your head out the window at 60 miles an hour: "Can't-- can't talk!" Okay? And that's the same thing in diabetes, so you have to become resistant, and so that's what it does. So it's not a disease. What it is, it mean-- it's a problem, so you start giving-- you start by not giving your body so much sugar, so much carbs, and things like that. But anyway, so if we can get rid of that disease model, that disease is an entity or a thing that gets in you and it's going to harm you, and understand that everything the body's doing, it's doing it out of wisdom-- the wisdom of God, the wisdom of nature-- and that wisdom is to maintain homeostasis: balanced-- optimal functioning and balance, okay?

Julie Tyler: So, right away, there's a problem with the approach and the philosophy behind conventional medicine that's measuring some finite measurement of a blood-pressure number or whatever, but not taking into account overall feeling of well-being and quality of life, let's say, and some of these other things. They're not even being able to define, as you said, "What does health mean? What is healing all about?" So, right away, you're at a loss.

Dr. Thomas Lodi: Health is not in the equa-- it's not in the discussion. They're not talking about health. All they talk about is, "You have hypertension. You have diabetes. You have kidney failure. Okay, we have to get rid of this thing." Well, it is not a thing; it's a process. It's a restorative process that the body's engaged in. I mean, so our model, our paradigm, our concept, is wrong. Okay? So you can't-- so, no matter what you do, you're not going to address the problem. The way it is-- the perfect metaphor, I think, is you get in your car and you're driving down-- it's a long-- you got a long road ahead of you. It's dusk, you're driving, just left town, and you notice that on your dashboard there's a red light blinking. So you reach over in your glove compartment, take out a hammer, smash the light, and you go back to driving. That took care of that problem? No. Down the road, your car is going to break down, and that's exactly what happens.

Dr. Thomas Lodi: In the allopathic model that I was trained in, we were trained to get rid of symptoms, okay? Got a headache? Let's get rid of it. Well, wait a minute. Why do you have a headache? What part of your head hurts? Let's figure this out. So, anyway, if we understand that the body is always engaged in restoration and repair, okay-- so we turn over 30 billion cells a day, approximately. Okay, that's a lot of work. That's a lot of work. Now, that means these 30 billion cells are recycled-- it's called apoptosis-- and 30 billion new ones have to be made. Well, they're going to be made out of whatever you've put into your body, and also, they're going to be made, also, of what hasn't left your body. So if you've got accumulation of waste and you've put in the wrong things, the next generation of cells are going to be inferior to the one before. And that's what we see over a lifetime. If we look at a person's-- if we looked at their cellular functioning over a lifetime, it's *choo choo choo choo choo*. Okay? That is called degeneration, and we call that "aging." It's not aging. Aging should be vital-- you should be full of vitality and vigor at 130, at 160. There--

Julie Tyler: And there are cultures that have people who are living into their hundreds.

Dr. Thomas Lodi: Right. A man having children at 110-- fathering children at 110.

Julie Tyler: And hiking up mountains with the huge backpacks on them.

Dr. Thomas Lodi: Yeah, right. Oh, every day. Right. So our concept of age is wrong. Our-- what we think of as aging--

Dr. Thomas Lodi: When we say "aging," what we're really saying is "degeneration"-- degenerating, deteriorating-- and we call it "degenerative disease," or "chronic disease." Okay? Now, remember, there's two things going on. One is the body is engaged in a restorative process, and number two, the cells that are being replaced are being replaced with inferior products, with an inferior-- and so the cellular functioning, which is tissue functioning, which is organ functioning, which is the body's functioning, is deteriorating. Right? So, now think-- and when we talk about restoration, you have new skin every six weeks, new rods and cones in your retina every 48 hours, new lining to your colon every three days, a new liver every six months. So, basically, every year, you have a new body. So if you had a condition last year, and you have that condition this year, it's because you're continuing to produce it. Knowing that is very empowering because it says-- if someone comes up to you and says, "Look, this is going on with you," and they give it a name, "Okay, fine, I'll stop doing that," instead of saying, "Oh, I got it forever."

Julie Tyler: Like, "It struck me out of nowhere."

Dr. Thomas Lodi: "And now I have it." Well, no, there's no "it." Your body's doing something, so let's remove the reason why your body needs to do the hypertension dance, the-- whatever.

Julie Tyler: Yeah. Can you talk a little bit about, then, since this is a film about colon hydrotherapy as a focus, how does colon hydrotherapy play a role here at An Oasis of Healing, in terms of the philosophy behind it? And maybe talk a little bit about how the patients are responding to it, and just why you're so emphatically in favor of it.

Dr. Thomas Lodi: Yeah. There are many, many therapies here, many, many parts of what we do. Number one, we teach the patient how to stop making cancer; number two, we target and eliminate it without harming them; and number three, we enhance the immune system. So, if we do all three of those at once, you cannot *not* get better. Okay. Now, "how do we stop making cancer" and "the immune system" both require colon hydrotherapy. Okay, both of those require colon hydrotherapy. So, and I'll explain that. So it is not an option. If someone said, "I can't afford a bunch of stuff," I say, "Well, the one thing you have to do is colonics." That has to be done, and the reason it does is that 60 to 70 percent of our lymphoid tissue is in our GI tract. It's called GALT-- gut-associated lymphatic tissue. Okay? And we call them Peyer's Patches, and there are other things like that. Okay, they are embedded in the GI tract. Now, and then you got the spleen, which is-- you know? So there's a lot of-- our immune system is there. Now, why is it

there? It's there because the GI tract is the battleground between the outside and the inside world, okay? Anything in that tube that goes from your mouth to your anus-- anything in that tube, at 22 to 30 feet-- is still considered outside the body. It's not in the body until it's been absorbed. So the feces in your colon is not in your body, or you'd be dead. It's being contained, okay? The only other place in our body where we contain things is the bladder-- the urinary bladder. Okay? So the urine is not in your body, it's been processed-- it's filtered the blood in the kidneys, and they go down the ureters, and it stays in the bladder until you void. So 60-- now, what do we know about the immune system? Well, the immune system has two basic functions: It's the Department of Defense, and it's the Department of Maintenance. Okay. Now, if it's too busy with maintenance requirements, cleaning up toxic spills, it doesn't have the resources for defense. And that's ultimately what happens to everyone, is that their immune system becomes overwhelmed and they can no longer defend themselves, and they get in trouble. So, and they also-- they're overwhelmed with toxic cleanup. Now, so 60 to 70 percent are there. Now, if we consider this: Every time you eat, you engage the immune system. Okay? Because even an organic apple, Fuji apple grown in northern Japan, big, fat-- I was there, I picked them, and they were dripping with honey, eat them-- even part of that is going to become feces. There's not a perfect food. The closest we can get for infants is mother's milk, and the closest we can get for adults are melons. So melons are the most digestible and assimilable. Okay. So, whenever you eat anything, what's going to happen, it's going to get into your body, into your digestive tract, go through your stomach, go into your small intestines, and you're going to secrete enzymes and do all sorts of stuff, and it's to be broken down into small parts, and then it'll be absorbed into the body. And so not until it's absorbed in is it considered *in* the body. But as it's being absorbed through those membranes there, the immune system is right there, kind of like NORAD, or kind of like guard dogs. You know, friend or foe? It's got to decide whether or not this is useful, or we're in trouble. Okay? So that's why the immune system is totally on alert. It's at red alert whenever you're eating. So if you're eating three times a day, then your immune system is suspended from defense, basically, unless something big happens. Now, if something big happens, like you get a slice in your arm or you hurt yourself and you have a trauma, now your immune system stops working on that and it's going to take care of that. So your immune system is really a good triage nurse. Triage is the process they use in emergency rooms. You have a headache, you've been there for three hours, someone comes in with a heart attack, they are still going to see the heart attack first. That's triage, okay? So your immune triages that. So, most of the time--

Julie Tyler: It's weighing whatever emergency is going--

Dr. Thomas Lodi: Most pertinent.

Julie Tyler: Whatever emergency is the most pertinent, yeah, and so on, down the list.

Dr. Thomas Lodi: Exactly. And so, most of the time, it's dealing with the food. So now your colon is about five feet of that 22 feet. You have five feet. Now, one of the main purposes-- functions-- of the colon is to reabsorb the remaining 10 to 15 percent of the water from the chyme, C-H-Y-M-E, which is the stuff that leaves the small intestines and enters the large intestines. So the chyme goes there through a valve called the ileocecal valve, and as it goes into the colon, part of the colon's job is to reabsorb that water so that-- because otherwise, if it didn't, you would have diarrhea all the time. It takes six hours. After six hours, the colon has removed all the water that's necessary. Okay? So now it can be eliminated. Well, that would mean that you would have to have-- you'd have to squat several times a day to eliminate that much, because you'd be eliminating pro-- at least-- if you figured-- if you took all the food you ate in one day and put it into a tube like this, it's probably going to be three feet, four feet. It depends on how much you eat, right? And it's there from the day before. And now, so-- but here's what happens: It doesn't get eliminated. So you absorb the water. It's been in there for more than six hours. Now the colon is still going to do its job of absorbing, but what's it absorbing? The water's gone. Well, it's going to absorb any more water, so it's going to start getting hard, but it's also absorbing the toxins. And remember, that's why it's feces, because it's toxic; it can't be used by the body. So now it's absorbing those toxins. Now, if you look at the anatomy of the human gastrointestinal system, you'll notice that you have the rectum, goes into the sigmoid. Now, right at the top, where the sigmoid begins, all the blood vessels, from there all the way up through the small intestines and everything, all coalesce into one big vein called the portal vein, and that portal vein goes right back into the liver. So if you've got a colon full of feces, what's happening is that those toxins are being absorbed and put right back into the liver. It's called "autointoxication."

Julie Tyler: So when conventional medical doctors say, starting around the late thirties or forties, that there is no such thing as autointoxication, that the body is not reabsorbing toxins through the colon, what is your response to that?

Dr. Thomas Lodi: If they're say-- well, that's like saying to me that... I don't know, like... gravity doesn't pull you at 32 feet per second squared. I mean, to me, it's a fact. That's what the colon does, okay? The colon is not capable of-- well, let me explain this to you. Between here and there, every cell is connected by what are called "tight junctions." So, when you do a histological evaluation of tissues in the GI tract, they have tight junctions. These tight junctions mean that there are no gaps between the cells.

Julie Tyler: Is that why peristalsis actually begins in the mouth?

Dr. Thomas Lodi: Yeah. Yeah, yeah. And so the-- and there are no gaps because they got tight junctions. The reason there are no gaps is because what's expected is that

everything that goes into the GI tract will be processed before it goes into the blood. Okay? So it's going to be processed by cellular machinery, cellular activity. If there's a gap between cells, then something's going to get absorbed that shouldn't. It's either too big, like a disaccharide-- it should be a monosaccharide-- or whatever it is: a polypeptide, and it shouldn't be that; you should just get one or two amino acids. So you're absorbing a molecule that's too big, which means it can't be tolerated in the blood, and if you absorb it, you're going to get what they call an allergic reaction. It's not an allergic reaction; it just means that you have a leaky gut, okay? That's what that means.

Julie Tyler: So it's the breakdown, the separation, of the connective-- these, as you described them--

Dr. Thomas Lodi: Tight junctions.

Julie Tyler: The tight junctions, which is the machinery behind the whole process.

Dr. Thomas Lodi: Right.

Julie Tyler: So things start to separate and break down. The lumen, the bowel wall, the lining, whatever you want to call it, becomes irritated, and therefore this separation takes place, hence leaky gut.

Dr. Thomas Lodi: Right. It's permeable. Now it's permeable, and so either-- and so things are going to get through that shouldn't get through at all, that should've gotten eliminated, or things that are too big and haven't been processed. In either case, it sets off an immune emergency. It's an alarm, okay? And you get everything. Everything happens.

Julie Tyler: And there's a spectrum of severity, in other words, too.

Dr. Thomas Lodi: Right. And then-- so, as you eat more and you haven't eliminated, the amount of feces gets wider and wider and wider, and now this-- and, of course, you're absorbing it, and it's going right back through. So someone who says that we're not-- auto-intoxication doesn't occur, just is not-- has not been thinking in the-- and I'd have to ask them, "Fine. Hopefully, I'm ready to believe you. Prove it. Prove to me that this is correct." And what I'd like to do is measure-- and I think we could. We could easily try to get a-- not easily, but we could get a sample of what's going through the portal vein, and just see what toxins are in there. But we know this, and we know that what happens is

about every four minutes that it gets absorbed, it goes into the portal circulation, gets into the liver, and the liver will secrete bile, and it will go down, and it's called-- and we know this-- in physiology, in basic physiology we learn in medical school, it's called the enterohepatic circulation. It's this-- it's the thing, and you can-- anyone can look that up and find it. It's in Guyton, who writes *the* physiology book for medical students, okay-- enterohepatic circulation-- and so it circulates like that, okay? So, in any case, with a full-- now, in order to have an empty small intestine and an empty stomach, so that you're not otherwise engaging the immune system, the only time people usually have that condition is probably the last three or four hours of sleep. Okay? It depends on how late they ate, too. So, but if you listen and you're smart enough to stop eating at 5:00 P.M., and you go to bed at nine or ten, now you have-- you're going to go in there pretty empty, okay, which means you're going to get a good six to eight hours of healing, because healing requires that there be no waste to take care of, so the body can use its energies and its efforts in reparation and in healing. So, if it's too busy cleaning up toxins-- remember that, is you're either cleaning up toxins or it's defending. So it happens in the last couple hours of sleep. Now, if someone goes to bed with a full colon, that full colon is causing a... what's the word? It's causing...

Julie Tyler: A full colon...

Dr. Thomas Lodi: The full colon is causing the immune system to again be distracted or engaged, or it's challenged.

Julie Tyler: It's in maintenance mode.

Dr. Thomas Lodi: Yeah, it's in maintenance mode. And so here you are, sleeping and trying to heal, and-- but your body's absorbing these toxins, so there's a certain level of healing that won't go on, okay? So the best thing to do-- that's why we say that fasting and cleansing heals, and that's why, guess what: Every creature on planet earth that's still connected through instinct fasts when it's sick. That's what they do, except us. Okay? And that-- why are they fasting? Because they have instinct. And what is instinct? It's the divine web that connects us all to the wisdom, okay? And so all animals stop eating. When you stop eating, you can heal. Okay? And what do other animals also do? They'll eat something-- they didn't study herbology, but they will go eat an herb that will cause them to either have diarrhea or vomit and clean out their GI tract. Once they've cleaned it out, then they go and lie down. They just drink water, and they rest, and they heal. That's what healing is. How do we know that? We don't have to do an experiment. We just observe nature. That's what nature tells us. And nature's not selling us anything, whereas if I read a book that someone wrote, they're selling me something. So I love to observe nature to find out the truth, because I know I'm getting an unbiased, absolute, pure

picture. So that's the story: A clean colon and an empty stomach and an empty small intestine allows the body to heal. So I have seen people-- I had a guy who was a 15-year quadriplegic who had two legs, but were turning gangrenous-- black-- and they were going to be amputated. He went on a fast of water, and he says he wasn't going to stop until he was better. Forty-two days later, not only were his legs pink, but he could walk, he could put in his own Foley catheter, he could give himself enemas, he could drive a car. He couldn't feel his legs, he couldn't feel his arms, but he could use them kind of like tools to pick things up. So after 42 days of water, I had a guy with colon cancer that had spread all up to his liver. It was inoperable and his prognosis was zero, okay? Forty-- I don't know why forty-two days, but he did a forty-two day fast of water, and that was twenty years ago, okay? So the point is this: You stop eating, clean the colon out, and you will heal. Now, I can go into fasting later. That's a whole other topic. But the thing about the fasting, if you find someone who fasts and does not do colonics, they're going to have a-- they're going to say, "That's -- I feel terrible. I just don't feel good. I don't like fasting." Well, it's not that. It's you're reabsorbing your feces, your toxins, so--

Julie Tyler: So, in other words, the cells and the body and the organs are shedding these toxins, but they're not exiting the body fully, so therefore they're making you feel awful.

Dr. Thomas Lodi: Right. And you're absorbing the feces, because you have-- see, now, especially if you're not eating, now you don't have anything to stimulate peristalsis, so you're going to have even less of a bowel movement, because you're just drinking water. So you're going to just sit there and you're going to reabsorb these toxins. But if you do three colonics the first week, two colonics the second week, you're going to be fine. What's going to happen now is that you're not going to have the headache and all the feeling terrible, the way people do when they fast, okay? So the beginning of healing is to clean the colon. Now--

Julie Tyler: Hold on just one second while I start and stop. Okay, go ahead.

Dr. Thomas Lodi: Now, an observation here is people come in-- and I wish we videotaped it. We take pictures of them, but I wish we videotaped them. They come in and they are bloated and they feel terrible, and they've got-- they have cancer, they've been fighting it. They've either had chemo, surgery, and radiation, or they haven't and they've been fighting it, and they're just sick. They come in, the first thing we do is give them a colonic, either that day or the next morning. And if they don't go regularly, then we give them some of these herbs to take that night so that they get a good colonic in the morning, and we clean them out. And after about two or three days, we have-- now our patients are saying, "Can I get an extra colonic this week?" Because it's amazing how they feel. Ninety-nine percent of all headaches go away with a colonic. You got a

headache, do a colonic. Okay? How about you feel tired and fatigued? Do a colonic, and then take a nap. See what happens. So it's called, "The best thing to do about anything is nothing: Stop talking, stop eating, stop doing; rest. And before you rest, clean out your colon, okay? I look at my life as before colonics and after colonics, and I-- since I have access to a colonic machine, I give my-- I learned how to do it myself. I do it once a week, and I just-- I can't imagine not doing it, and I've never had anybody do a colonic and look in there, and look and say, "I made a mistake. Can I get that back?" Never had anyone say that, okay? So-- but a lot of people are really attached to their feces. They say, "Hey, I've earned it, I worked hard for it, I want this. You're not going near me with that." Okay? So it's the-- and, anyway, when you come here, it's three times a week, and what comes out-- we've had parasites come out, we have yeasts come out, we have exfoliated tissues, just all kind of stuff. And I got to tell you this one story. This is the best story ever. There was a girl who, at the age of 12, had an anaphylactic reaction to corn. Okay, what that means is the same kind of people that have bee stings, if you don't have epinephrine there, you're going to die. So she survived that, but she could never eat corn. She came to us, and she was in her mid to late forties, and on her eighteenth colonic, a piece of corn came out.

Julie Tyler: So people who think, "Well, if I'm fasting, and I haven't eaten in 12 days, how can I possibly have anything coming out," there's your answer.

Dr. Thomas Lodi: Right, there's the answer. Now, I think-- I say this tongue-in-cheek, but I really mean it, and that is I think the seat of our mortality is the cecum. Now, if you look at the way the ilium goes into the ascending colon, hanging below it is a pouch called the cecum. Hanging off the cecum is the appendix. So now, most of the flow goes-- the chyme comes here and goes that way, goes up the ascending colon, around like that, and down. Okay? So, but this little pouch under here doesn't get a lot of motion. So there's only a couple ways you can do it: prolonged fasting or a colonic. Enemas won't get to the cecum, and you've got-- and that's where I think that corn was in that woman, is the corn was in the cecum. Now, the other thing that we have to remember is that the appendix, which science thinks we don't need-- it's a vestigial organ-- no. Guess what the appendix is: The appendix is the nursery for all of the good bacteria. That's where they live and they hang out. How do we know that? Well, because if you get a lot of the IV antibiotics in the hospital, you can develop a condition called C DIFF clostridium difficile-- and that's an overgrowth of an opportunistic organism, okay? Opportunistic organisms can only have the opportunity when there's nothing left, and that's what antibiotics do-- they kill off the normal guys, so they move in. Well, they've found that people who had no appendix got C DIFF all the time; the ones who had an appendix didn't. Okay, why? Because that appendix is a nursery for the good guys. So you kill them off, but the good guys keep coming out. That's one of the purposes it's serving, and plus, in the cecum, it's also probably very similar. So for that reason, it was made anatomically not to have a lot of flow and motion, but we don't get any motion because of the way we eat-- the kinds of

foods we eat, the volume we eat, and the frequency that we eat. All of that does not allow the motion, so we have basically stagnation in our cecums. So, on a good colonic-- and it may take three colonics where you can finally feel it. But over here, on the right side-- and you can feel that little bulge-- when you can feel a little bulge of fluid and volume and pressure right there, you've made it. And when you--

Julie Tyler: You know you've gotten to the source of-- yeah.

Dr. Thomas Lodi: And you need it. And if you can clean your cecum out...

Julie Tyler: The world is at your feet.

Dr. Thomas Lodi: It's a new world. It's a new world. You know how good you feel after a shower; imagine doing that inside.

Julie Tyler: Yeah.

Dr. Thomas Lodi: Yeah, and that's it. You'll go dancing. And so I've seen people literally go on the colonic table ashen-gray, and come out pink. You-- they came alive. And you look what comes out. Listen, if you don't understand this, I want you to go into the bathroom after someone has had a very large bowel movement, and tell me what's going on with you.

Julie Tyler: Is it pleasant?

Dr. Thomas Lodi: Is it pleasant-- what? Now, that stuff was sitting in your body. Is it-- oh, is there any-- give me one good reason why it should stay in your body. It shouldn't. And so anybody who's against cleaning their colon, I just don't understand-- it doesn't even make sense. I don't even know how to argue it. It's like, "What?"

Julie Tyler: Yeah, it doesn't compute.

Dr. Thomas Lodi: No. It's like saying, "Your aquarium's dirty, but you don't need to clean it out." *What?*

Julie Tyler: The natural process of nature is eating something, absorbing, and then eliminating, and that's a very important part, and so how can there possibly be balance and health if that elimination piece of the puzzle is not active?

Dr. Thomas Lodi: You can't, because if the tube is this long, and you've got stuff here, you can't get more in. I've had people-- I have people that come in-- because now they're taking pain pills, so they're really stopped up, and they're not-- and they don't have-- they have a bowel movement every four or five days, and that's only a little bit. So now, if the tube is stopped up, you can't put any more in, so they're not going to be able to eat, and they're-- but they're getting-- they are still toxic. So, what we have to remember is there's an old adage that "you are what you eat." I want to--

Julie Tyler: Yeah. I want to-- go ahead.

Dr. Thomas Lodi: I want to take that one step further: You are what you eat *and* what you don't defecate.

Julie Tyler: Yeah.

Dr. Thomas Lodi: Okay.

Julie Tyler: My opinion exactly.