

Chi Lee DiGrazia: My name is Chi Lee. And Chinese, for the last name Lee is a surname. So Lee Chi. And when I came to America and married my husband, he's Donald DiGrazia. So my name is Chi Lee DiGrazia. And I was graduated from Shanghai Second Medical University in China with a five-year medical MD degree. From 1977 to 1983, I'm at university. When I graduated from the college, I was working at Shanghai Hospital. It's the training for doctor for the...like a university affiliated hospital. And I was a teacher in the anatomy department.

Julie Tyler: And what is your...what was your specialty at that time, or was it general practice?

Chi Lee DiGrazia: I was in the neuro-anatomy department.

Julie Tyler: The neuro-anatomy department.

Chi Lee DiGrazia: I taught the surgeons to study the brain anatomy. And I myself was specialized in neuroscience.

Julie Tyler: Neuroscience?

Chi Lee DiGrazia: Yeah. That's why later I became a chiropractor. I think my area relates to neuro focus of the chiropractor...nerves, spine.

Julie Tyler: Is that something that's more typical to the Chinese way of thinking about medicine, more so than the Western approach to medicine? The way that they incorporate the spine a little bit more?

Chi Lee DiGrazia: Yes. When I was in China, the university is a first-generation university, because before that, there were no universities even open. It was during a cultural revolution. So I was very lucky. In 1977, the Chairman Mao died. So, when

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he died all the universities revolutionized. So they started a new university, got a new hospital, everything no longer under those controls. So, I was able to get into university finally. And then we...in China, at that time, they not only taught Western medical approach, they taught Chinese medicine too. So I did five years instead of four years. And the last year is the Chinese medicine. So in China at that time, older Western medical doctor have to study the Asian, Chinese doctor's approach.

Julie Tyler: So they have to have both approaches.

Chi Lee DiGrazia: Both backgrounds, both approaches. That's why we treat people in the hospital and use both way, Chinese medicine and Western medicine.

Julie Tyler: More integrated.

Chi Lee DiGrazia: More integrated, in China at that time.

Julie Tyler: Tell me about your PhD.

Chi Lee DiGrazia: My PhD I did in California. When I came to America, I decided my focus should be Chinese medicine, more than Western medicine.

Julie Tyler: Because you would be unique?

Chi Lee DiGrazia: Yeah. And also because I'm interested in it myself. I found Western medicine only likes to cut the things off and treats the symptoms. Doesn't treat the root of the problem. So that's why I think Asian medicine is like he jewel, and it's like a miner...you need to find the time to dig, to find the beauty.

Julie Tyler: And so your PhD was in what field?

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Chi Lee DiGrazia: It's in herbology, Chinese medicine. It's called herbal medicine. That's why I help people to understand what Chinese medicine is. They think...Western society that is, they only think it's food and tea, but they don't think those foods and this tea can cure you, can help you. <laughs>

Julie Tyler: Hippocrates thought that food could cure you, so someone was on the right track. So your practice now here in New York City, how would you describe your practice in treating patients?

Chi Lee DiGrazia: My practice in New York City is about the Chinese medicine. And I find it difficult to get the public to accept that Chinese medicine is two things. When people...today people are too busy, no time for cooking. In Chinese medicine one needs cooking, boiling, in order to make soup. And today's lifestyle doesn't fit that thinking. And another thing is that I use the Chinese medicine that is bitter. Not all Chinese medicine is drinking sweet tea. Some is very hard to drink, very bitter. Those are the people who don't take it; they reject it. So, I find two ways to administer herbs: One is grind it up to make a powder and make the capsule smaller or the other is through an enema or colonic, as an implant.

Julie Tyler: So that is a great transition then to the colon. What emphasis was placed on the colon when you were getting your medical training in China? Was there a lot of attention paid to that part of the body as far as being a detox organ? How important was this idea of detoxification, if at all?

Chi Lee DiGrazia: In Chinese medicine, the colon is related to the mind and colon is related to your lung. So if you have lung problems, skin problems, you have to address the colon. Once you address the colon, your mind, your lungs, and your skin will clear up. It's like, "open the posts." Like the largest elimination area...it's part of the skin and the kidney.

Julie Tyler: Right. The lungs and the colon.

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Chi Lee DiGrazia: And the colon, yeah.

Julie Tyler: And they're all related.

Chi Lee DiGrazia: All related. Yeah. Mm-hmm.

Julie Tyler: And so you are currently addressing symptoms via the colon by using herbology? With that mechanism?

Chi Lee DiGrazia: Yes.

Julie Tyler: So you introduce herbs to treat symptoms and you do that by entering them through the colon using colonic therapy?

Chi Lee DiGrazia: Yeah. Because Western medicine thinks colon don't absorb these things. They believe the small intestine and stomach are the only organs that digest and absorb the nutrients; that the colon only absorbs the water and maybe some minerals or something. That's the Western medical theory. But in Asian theory, the colon does absorb. If you put things in the liquid, the colon does absorb it. The colon absorbs not from the colon blood circulation; it's through the lymph circulation, lymphatic system. So the colon very, very much supplements the lymphatic system. So, nutrients go through the lymphatic system go to the liver, and through the liver detox system, get clean, and then they go through the blood circulation. So, the colon is the bridge between the lymphatic system, absorbing the colon stuff, and then it goes to the blood system, and your whole body.

Julie Tyler: So that's why you think you can put healthy herbs...-

Chi Lee DiGrazia: Stuff into the colon.

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Julie Tyler: Into the colon, that will eventually get into the bloodstream.

Chi Lee DiGrazia: Bloodstream. Yeah. But with the help of the lymphatic system.

Julie Tyler: With the help of the,,,if the lymphatic system is working properly.

Chi Lee DiGrazia: If it is working properly. Yeah.

Julie Tyler: Right. So if you can introduce healthy herbs to treat symptoms, do you also think that the colon can absorb unhealthy toxic chemicals?

Chi Lee DiGrazia: Same thing. If the colon can absorb nutrients, at the same time colon can absorb toxins. It's through the lymphatic system. Because the lymphatic system, is not like a... lymphatic system can absorb stuff...big, large molecules, then small molecules. Yeah. Mm-hmm.

Julie Tyler: Does that mean that those toxins, by leaving the colon and entering into the bloodstream, do you think that they can actually...that the walls of the colon can be permeable then, in other words?

Chi Lee DiGrazia: Yes.

Julie Tyler: That there's a two-way directional pathway?

Chi Lee DiGrazia: Yeah, two-way. An exchange pathway. Yeah. Mm-hmm.

Julie Tyler: Is there something to be said for a healthy colon in terms of the walls of the colon, the integrity of the lining of the colon? Can that break down over time through toxins that we introduce with food or the environment?

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Chi Lee DiGrazia: Yeah. I will suggest an example. If a pipe is clogged, is filling up with gunk, or the pathway through the colon, how do you expect the colon to absorb the healthy stuff? Because first the colon absorbs...you have to clean the gunk out. Once you lean that out, then the colon can be healthy like a sponge, sucking up the nutrients. Otherwise you can't absorb nutrients.

Julie Tyler: But what would you say to doctors who say that, and these are gastroenterologists who have been performing surgery on the colon and colonoscopies, etcetera, who say that there's no such thing as impaction, or that we've never seen a colon with "backup," you know what I mean? Fecal matter. What do you...?

Chi Lee DiGrazia: Because I'm from Western medical too. When I was in medical school, they all told us, "Colon has this certain function; to back up the small intestine. The colon can't absorb the nutrients, nothing else." But from my practice, I find it does. From theory, because the medical book is so old, and nobody had ever written about what the colon can do. Well, this is according to the older book...the older books say the colon has no ability for absorption, only elimination, and only absorbs some water.

Julie Tyler: Absorption.

Chi Lee DiGrazia: Yeah, absorption.

Julie Tyler: So you think they've been following older information.

Chi Lee DiGrazia: But for my practice...because in China, during the time when I worked in the hospital, don't forget it's during a cultural revolution, and people are committing suicide. They take lots of DDT pesticide to drink to try to kill themselves. That DDT is soluble in the fat, or certain liquid...or alcohol inside...it can be absorbed. But in the water, those DDT can't absorb in to the body. So those people when they

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

died in the emergency room, we tried to clean them just filling up the colon...filling it up with soap. Because soap is the solvent to that DDT pesticide. So when the soapy water would go through the patient's colon, we would find that the person would wake up eventually.

Julie Tyler: By taking out the toxins.

Chi Lee DiGrazia: That means...the toxin out. That means the patient does absorb the stuff. Otherwise how could they wake up? <chuckles>

Julie Tyler: That's perfect. I'm just going to have you say that last part again. You said of course that the colon can absorb the...you found that the patient would get better. They would...

Chi Lee DiGrazia: We would do a soap colonic. We would make the soapy water, introduce it into the colon, and let this detox... let it go in to participate in the soap water, and come out. Eventually the client would wake up. All the toxins and DDT in the body...this treatment would get rid of it.

Julie: Save their lives?

Chi Lee DiGrazia: Save their life, actually. Because those people were like semi-dead. They didn't cooperate. You can't force them drink. You can't force them to eat. You can't force them to take something. Only thing we can access is their colon, because the colon is open. That's the only part you can access.

Julie Tyler: And you found that it was a detoxification of the colon.

Chi Lee DiGrazia: For the colon. For all the DDT to come out... get that stuff out of the client.

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Julie Tyler: And so you said of course the colon can then absorb...

Chi Lee DiGrazia: Yeah. Like in a lab... like we do in real life, we find it does work. But documents in a book, no one had written about it. Of course at that time, nobody was interested in reading a book. Everybody was trying to save life. Most urgent thing to do. Yeah.

Julie Tyler: So your opinion on auto-intoxication then as being...

Chi Lee DiGrazia: It's possible. If the colon starts to absorb the soap in order to clean the lymphatic system, that means that auto-toxinification...it's possible. But we only have theory...we don't have proof, but it's possible through this lymphatic system channel.

Julie Tyler: Wow. So why do you think that the debate still rages on about auto-intoxication? Why are some doctors very opposed to it, and they still hold onto the old notion that the colon really has no function except for storage and absorption of water?

Chi Lee DiGrazia: It's like those doctors, they are what we call orthodox doctors. They only believe according to the research studies in a book. But it's never written in the book... it's never in the research. Like if you never find it in the Bible, you can't accept it. So what we need to do is go do more research in this area, more study and get more clinical feedback. Finally, those people will see the evidence; they will accept it. But right now, we need the time. Give them time to understand. And also, it's very powerful medical research...this area. They think it's like the Bible, you can unshake them. <laughs> That's the reason.

Julie Tyler: Can you talk a little bit about the immune system, and the relationship the colon has with your immune system, and an unhealthy colon, and how that might add to problems?

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Chi Lee DiGrazia: Yeah, the immune system is two parts. One is as an immune system made of organs. These organs generate the immune system...the fluid, like antibody, the antigen...to fight. The flu flows through...basically runs through your body, as in “flows” throughout and stimulates immune system. Then there’s the blood system. It is a separate system. It’s called the “immune system.” This immune system, it has its own fluid and its own lymph cells in the immune system to fight anything, such as an unhealthy toxin into your body. This immune system is like the first defense to protect your body. It’s nothing to do with the blood circulation. Blood circulation is like nutrition circulation. It’s everything regarding “nutrition,” except the blood circulation. But the immune system also is like a “defense” system, like for an emergency, for fighting, and cleans up the blood circulation. It wants the blood circulation to be clean. It wants the body to be clean. That’s the immune system at work.

Julie Tyler: So is the colon integral to a healthy immune system? What role does the colon play?

Chi Lee DiGrazia: The colon has a lot in the way of “immune system” in it. Most of this is in the small intestine, but it also comprises the larger intestine, because the colon has a lot to do with the appendix, which is important.

Julie Tyler: The appendix. Mm-humm.

Chi Lee DiGrazia: The appendix is...people think or thought it was not important, in the early days. When children were born, they would immediately cut out the appendix. And then when children would grow up, they would find that they didn't have a strong immune system. It was very weak. Because the appendix is very important to generate immune system cells. The appendix, it has a lot of critical immune cells. So the colon is part of...the appendix is in the vicinity of the colon. So this can explain why the colon is also such an important part of the immune system.

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Julie Tyler: What do you think is the risk, or is there a risk, for people who suffer from chronic constipation, or impaction? Do you think that this is something that should be addressed, and what do you say to doctors who are telling their patients that eliminating a couple times a week is normal? Do you think that's normal? What's your opinion on that?

Chi Lee DiGrazia: I think it's not normal to only go a couple of times a week because we eat three meals a day. If the person can eat a couple times a week, I think it's normal. But nobody can do it. The people who are fasting...even fasting, they still drink water, juice. Even when you drink juice, the colon still works. So, it's no such thing that a healthy person would only eliminate a couple times a week. But the reason people don't want to address this area also has to do with politics. A lot of people think it's a private area, really conservative people. They don't talk about this. They feel it's an embarrassing area. But from the medical point of view, it's not embarrassing. It's just natural to clean your body and make your pipes work, function better, and you will in turn, also eat better and achieve better living. <chuckles> Yeah.

Julie Tyler: What do you think...what is your opinion...and this maybe isn't a specialty as far as gastroenterology, but I've heard different statistics about colon cancer, and 80 percent of colon cancer they attribute to lifestyle, or maybe it's even 90 percent, and a very small percentage to heredity, or certain predispositions that someone might have for coming down with colon cancer. Do you think that there's maybe a relationship between chronic constipation, toxic buildup in the colon, and colon cancer, or no?

Chi Lee DiGrazia: Yes, definitely. When I was in China, I didn't see so many colon cancer cases as I did when in America. I think it has something to do with the lifestyle and food. In China, we eat 80 percent vegetarian and only 20 percent meat. In America though, it's opposite. People's meals are 80 percent meat, and 20 percent vegetarian. And also most of it is fried food in America. In China, we eat a lot of steamed food. So that's the difference. In China, in the hospital, I don't see much colon cancer. But now, maybe, with

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

all the McDonald's, Kentucky Fried Chicken, etc. making its way to China, things are changing. And also, obesity is increasing in China and it's related to that type of cancer too. You need more veggies, more fiber, more juice, more fruit in the system, instead of just meat and fried food and starchy food.

Julie Tyler: Do you think that...you know how the FDA has been supportive of a high-fiber diet now for quite some time? I feel like it's more to do with heart disease and less to do with creating bulk for the colon to function properly. Do you see a relationship between a high-fiber diet and a more plant-based diet, and a healthy colon? Or do you attribute that more to heart disease and preventing heart disease? Or both?

Chi Lee DiGrazia: I think it's both, but the colon's not really affected much with regard to high fiber. Because if the colon is still toxic and congested, it doesn't matter what fiber you eat because it doesn't go through. It's like a pipe. It's already blocked. It doesn't matter what you put in; it doesn't go through. So what we need to do is take the block away, and then you can put healthy stuff in. First you need to take the blockage away, and then you can eat healthy fiber and fruits, and then address the colon.

Julie Tyler: And when you say block, what are you referring to?

Chi Lee DiGrazia: That's constipation. Constipated feces.

Julie Tyler: Literally. What ever fecal buildup might be there.

Chi Lee DiGrazia: Yes, fecal buildup. Sometimes it's not fecal matter but rather just air. Air blockage. Yeah. That's a lot of people's experience. They say they can't go, and then they come for a colonic and I don't find any feces. They take magnesium; nothing works. They take a laxative; nothing works. They take fiber; it doesn't work. Why? Because it's not fecal matter; it's air. Air, like a balloon, a block in the channel of the colon, and so the feces, which is above, can't move down,

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

and so above, the feces get constipated. And below, it's just like a big air pocket, a blockage. So air is hardest type of constipation problem, more than just general constipation. Most of those people, pilots and flight attendants, suffer because they are above the ground...they have more air pressure, which goes back into the rectum. Air goes into your anus, and becomes an air blockage. And then your upper contents in the colon can't move down. Nothing helps.

Julie Tyler: I interviewed the president of I-ACT...well, you know Dick Hoenninger. He talked a little bit about when he was a pilot.

Chi Lee DiGrazia: Yeah. As I mentioned early, I told you, a lot of people who are pilots come to me, because of problems with air pressure. The air goes this way...up, because your anus is open in the air.

Julie Tyler: Isn't that interesting? Yeah.

Chi Lee DiGrazia: Yeah.

Julie Tyler: I interviewed a war vet in Tyler, Texas. He was wonderful. I really want to interview some more veterans. Let's see, what else? I want to ask you about what kinds of patients are coming to you seeking colon hydrotherapy, or are they asking about it, or is it something that you suggest to them, and what kinds of symptoms are you finding in your practice that you're helping?

Chi Lee DiGrazia: I help a lot of people, and mostly in different areas, and so many have different reasons. Some are...like I said...are struggling because of a specific occupation. Some people, a psychologist I have, are sitting with patients face-to-face for hours, so he holds his bowel movement, holds his gas, which he can't release because he doesn't want to embarrass the client. So, during the day he suffers constipation. And then he comes in here, nothing is coming out because it's all the air. And another occupation I see, as I said, is flight attendants and

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

pilots, and those who are up in the mountains who have more high-altitude pressure, which goes into their colon more so than normal people. And also, some people who have food digestive problems, they are coming in. And interestingly, some people with bulimia are coming in.

Julie Tyler: Bulimia?

Chi Lee DiGrazia: Bulimics are coming in. Because they find that colonics help them release, instead of them going to throw up. I have some one, a bulimic coming every day, and it saved her life. Once the colon cleansing started, she had been depressed; now she feels healthy. She is now trying to hold on to her food, change her eating habits. She says, "Oh, I just cleaned my colon. I don't want to mess it up." It's a lot. And other people are with neuro.....these people have schizophrenia, others depression, bipolar. Those people take a lot of medications so they come. Also, high blood pressure people. They take a lot of medication. They come over to do colonics. And interestingly, another is a bartender. A lot of people... alcoholics, people with drinking problems. Because the reason is that alcoholics are so dehydrated. Alcohol goes to your blood. First thing they need in their system is water. Where do they get water from? The colon. Because the colon is the large...80 percent water absorbs through the colon wall. So when alcoholics absorb the water through the colon with a colonic, because the colon gets dry, because colon's water goes in to your blood system to dilute the alcohol. And so the colon gets dry, and then they suffer constipation. Those people come in. So a lot of people who are alcoholics and bartenders, they come in.

Julie Tyler: I've heard that part of the treatment program for Alcoholics Anonymous or other alcoholic treatment programs is colonic therapy, that that's something that they are utilizing to treat alcoholics.

Chi Lee DiGrazia: Well, that's the reason. Why? A colonic fills up the colon full of water to help them relax their mind and treat

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

their alcoholism too because it makes them less toxic and less dehydrated.

Julie Tyler: As they're detoxing, as they're trying to...

Chi Lee DiGrazia: Detoxing, yeah.

Julie Tyler:eliminate the alcohol from their body.

Chi Lee DiGrazia: Eliminate the alcohol from their body.

Julie Tyler: Wow. And how are your patients with any kinds of emotional or mental disorders? Are they finding great relief as well through colon hydrotherapy?

Chi Lee DiGrazia: Yeah. My husband can tell you. I have one patient who comes in. Every time she comes in, she fights with my doorman downstairs and fights with my husband. Once I put her on the colonic table, after one session, she is mellow like a cat. She says, "I love you." She says, "My husband will thank you so much because I feel better. My mood gets better." Otherwise, my doorman, my husband, they have a harder time to deal with her than when she first comes in. <laughs>

Julie Tyler: Yeah. And you also talked about skin problems. Do you have patients that have come with....some with specific....psoriasis, or...?

Chi Lee DiGrazia: The most common is psoriasis and pimples, and those with hormone imbalance.

Julie Tyler: Hormone imbalance?

Chi Lee DiGrazia: Yeah. Because, remember I say, from the point of view of Chinese theory, the colon is related to the lungs and related to the skin. And because the skin is the last

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

eliminator or detox area, and that's why if the colon is congested, the detox can't go through the colon, so where does the toxic material go? Two places: lungs or skin. Because the skin is a...

Julie Tyler: Because it has to go out somewhere.

Chi Lee DiGrazia: Yeah, it has to go out somewhere. If it can't go down and out of the body, it has to come up. I have another case with acid reflux. People who have acid reflux, they have gas. The gas can't go down; so it comes up. People keep burping. That's the same thing. If the toxic material can't go down, where does it go?

Julie Tyler: Where does it go?

Chi Lee DiGrazia: They have to come through the skin or the lungs or somewhere.

Julie Tyler: What is your opinion on antibiotic prescriptions? Is that something that you are wary of in your practice?

Chi Lee DiGrazia: Yes. Mm-humm.

Julie Tyler: Do you think that the biosphere of our intestinal tract has a balance of some sort that it's trying to strike? And what effect does the prescribing of antibiotics have on the colon specifically?

Chi Lee DiGrazia: Definitely. Because antibiotics, they kill all the germs. They kill good bacteria and bad bacteria. So when you kill all the bad bacteria, it's a good thing. Your body gets healthy. But then if you kill the good bacteria, the body gets weak, because the body needs those bacteria to give you balance in your colon and your system. That's why some medical doctors are against colonics. They think a colonic takes out too much bacteria, the good bacteria, out of the colon. That's sometimes true, but we...after a colonic, we implant, we

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

put healthy bacteria back. So if you put healthy bacteria back, that's giving you normalcy. It's the same thing with antibiotics. If you take antibiotics, you need to put the good bacteria back in to the colon. If you don't, the body is imbalanced, and you will be lacking the good bacteria to fight the unhealthy bacteria. And I see a lot of people who suffer from yeast infections, and parasites, because antibiotics don't kill yeast, and it doesn't kill parasites. Yeah. That's the two bad side-effects.

Julie Tyler: That brings me to a very interesting topic, which I'm going to address as well, and that is parasite infection. Do you see parasites in your patients? Is that something that you see firsthand when you're performing colonic irrigation?

Chi Lee DiGrazia: Usually you don't see them, because most parasites you can't see with the naked eye. You need to use a "smear," a microscope to look at them. But sometimes we occasionally will see a tapeworm, long like this. They come out. We can see them. That's the only parasite we can see-the tapeworm.

Julie Tyler: Because it's actually large enough to see with the naked eye.

Chi Lee DiGrazia: Large....yeah, enough to see.

Julie Tyler: Do you think that parasite infection is widespread? And that's not your area of expertise, but do you think that colonic therapy has an application to address possible parasite infection in the general population?

Chi Lee DiGrazia: I think a colonic is not the only method; you have to combine with other treatments. Because if a parasite is alive, they grab on to your colon wall. They can't come out. Even if you do colonic, it doesn't come out. So you need to take something to kill the parasite. When they die, then they come out. They come out.

Julie Tyler: Then they can come out.

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Chi Lee DiGrazia: We can take their eggs out. They die, they come out. But using only colonics doesn't work. I suggest this.

Julie Tyler: So it would be in tandem with some mechanism for killing.

Chi Lee DiGrazia: Yeah, using other mechanisms for killing them, for parasites. Once they're killed, they will die and then they will come out with colonics.

Julie Tyler: And would you prescribe herbs for that, or would you prescribe something else for that?

Chi Lee DiGrazia: I usually prescribe herbs. Because if you use antibiotics, you need a very high-dose antibiotic as well as a specific antibiotic. And usually they will kill both sides-the good and the bad organisms. So if you use the herbal things, gently, move away...and I find that some people in Europe...in America it's not allowed...but in Europe they use ozone implants. Ozone is extra oxygen. Because the parasites living in the anabolic area, without oxygen, they're living in that area, with no oxygen. Once you put oxygen into the colon...when you do a colonic, you put oxygen into the colon...

Julie Tyler: Is that because of the water, because there's oxygen in the water?

Chi Lee DiGrazia: Yes, oxygen in the water. Then oxygen goes inside, and the oxygen kills the parasites. That's the natural way to kill them. You don't kill as many of the healthy organisms. Yeah.

Julie Tyler: Interesting. Have you heard...I interviewed a woman who had ovarian cancer, and it was found that she had...was infected with roundworm, dramatically. And in her research, she found that there's some thought among the medical community that some tumor-based cancers are related to parasites. And therefore when they removed her tumors... they found two masses...two tumors, she was infected with

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

parasites, and it was through the colonic irrigation, and oxygen, and iodine as well, that she was able to bring her cancer numbers down to zero. Had you heard that in your journey?

Chi Lee DiGrazia: I've heard that, yeah. When I was studying in medical school in China, I had lots and lots of people with parasites. Most people with parasites have a big stomach. They have parasites that go in to their liver, go in to their spleen...go everywhere. So they find this tumor, it's not really a tumor...it's the parasites forming the tumor.

Julie Tyler: And then the body tries to...

Chi Lee DiGrazia: To fight against the area...the parasites. It creates mucus around the membrane, and then that's what becomes a tumor. That's possible. Very possible. I saw many in China when I was studying, because at that time, China was not so healthy, because everybody was eating dirty food in the field or something. And even today...people eat raw food. Raw food...

Julie Tyler: Sushi and...

Chi Lee DiGrazia: Sushi, raw fish. The first thing you have to think about is parasites.

Julie Tyler: Parasites. Yeah. I love sushi.

Chi Lee DiGrazia: <laughs> Make sure you go to clean place.

Julie Tyler: It's true. I know.

Chi Lee DiGrazia: And the deep fish. Not the poison fish.
<laughs>

Julie Tyler: So, let's see. Is there anything I'm missing? Let me ask you just one more question maybe about the

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

pharmaceutical question. We know that there are lots of studies being done for traditional pharmaceutical drugs. There are new drugs coming out all the time. Why are there no studies, do you think, for a simple mechanical procedure such as colon hydrotherapy? How might more studies come about? Where is the obstacle? What is the driving factor to mount a study?

Chi Lee DiGrazia: I think it's to do with money. <laughs> Because in America, everything is about money. Because pharmaceuticals are big companies, they have big lobbyists, they have lots of money.

Julie Tyler: Deep pockets.

Chi Lee DiGrazia: Deep pockets. And colonics are not even on the list of therapies covered by insurance. Today, no insurance covers colonic therapy.

Julie Tyler: Boo!

Chi Lee DiGrazia: Yeah. Ten years ago, nobody covered acupuncture, but today they do. So I think colonics on the way. One day, maybe another ten years, the medical field will cover colonics as part of treatment.

Julie Tyler: So, as part of the AMA, as you are...the American Medical Association...what would you like to say...what would you say about not having a study that you can cite, as a doctor, that proves the efficacy of colon hydrotherapy? Does that bother you?

Chi Lee DiGrazia: In the medical field right now, they think a colonic is a cleansing purpose. It's a preparation for the medical field.

Julie Tyler: For colonoscopy you mean.

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Chi Lee DiGrazia: But I do agree with this, because a colonic does serve as cleansing mechanism. We don't use them for treatments though. We don't use them for diagnosis. Because doing colonics, it's not like doing a colonoscopy. You can treat and diagnose. Like if you find cancer, find the polyps. You can take it out. But just doing colonics you can't see anything. You're just putting water in, and getting feces out. So I do agree that it's a hygienic, it's a personal hygiene mechanism...it's not only for medical treatment. But this personal hygiene is so important for you though for preventing disease. Like the dentist, you go to clean the teeth. They accept the insurance for cleaning your teeth, right? Insurance covers cleaning teeth. Why then, don't they cover cleaning the colon?

Julie Tyler: And a lot of dental MDs believe that there's a relationship between oral hygiene and bacteria and disease. They think there's a direct correlation.

Chi Lee DiGrazia: Yeah. Yeah. Definitely. There's the bacteria that goes in, and there's the bacteria that goes out. If you don't put it in through the mouth, you don't have good bacteria. So you have to put bacteria in somewhere, and so again, the colon affects the bacteria.

Julie Tyler: But again, it goes back to those who believe that toxins that exist in either the fecal matter or however it gets in the colon cannot enter through the colon wall back into the bloodstream. That seems to be where colonic therapy breaks down in the eyes of the medical community, because they don't believe in auto-intoxication. They don't believe that the walls of the colon can absorb toxins in to the bloodstream, in that direction. But if, as you say, the colon can absorb nutrients and it can absorb water, certainly it can absorb toxins.

Chi Lee DiGrazia: Yeah, but why do they think clean teeth are so important? Because if your teeth are dirty, the germs go to the teeth, it's not just going to the teeth. The germs are going to the blood inside the teeth, the root canal, and they go in to your system. So the germs go in to the blood through the

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

opening of your teeth, a wound area, and then go in to your system, and cause you to have a heart attack, or heart problems. You know that. Yeah. So it's the same principle. If the colon is intact, the membrane...like you said, no question, the toxins won't go back in through the colon. But if the colon has fissures and has a little area of bleeding, a little ulcer area, then the open wound can suck all the toxins, and can suck all the germs, bacteria, which go in to your blood system. It's the same with the teeth. Why is it so hard to understand? The colon can be intact or not, the wall can be broken, it can have an open wound, and have a...

Man 1: Diverticulosis.

Chi Lee DiGrazia: ...have a blood...

Julie Tyler: Diverticulitis.

Chi Lee DiGrazia: Yeah, diverticulitis. The open wound can cause all the germs to go in to the blood system. It's so simple.

Julie Tyler: It's so simple.

Chi Lee DiGrazia: Yeah. It's just that medical doctors don't want to address that area. They think it's not their field. Right?

Julie Tyler: Even this new neuro-gastroenterology field. It's very controversial. The experts in the neuro-gastroenterology field don't think...they feel that colon hydrotherapy is dangerous, that the only thing that can cause toxicity within the colon is an extreme viral infection or bacterial infection. And therefore if you're normally healthy, even if you have an impacted colon...which they don't even believe that the colon can become impacted...that it's not valid.

Chi Lee DiGrazia: No. I would think their theory is right, only if the colon wall, the membrane is intact. If anything breaks

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

though, stuff can migrate to another part of the body. It's simple.

Julie Tyler: I don't know what else to talk about. I mean, I think we talked about pretty much everything. Is there anything else that you want to...I always love this. In 1911, Dr. Alexis Carrel...he won the Nobel Prize for proving that a cell...well, you talked a little bit about cancer and parasites, how it can't live with oxygen. The woman I interviewed in Detroit who had ovarian cancer, with the parasites...and she also, besides learning that a lot of MDs are starting to see a link between tumor-based cancers, possible parasite infection...that's there's a link...she also learned that a cancer cell, much like a parasite, cannot live in an oxygenated environment.

Chi Lee DiGrazia: Exactly.

Julie Tyler: And yet, when she asked her oncologist what type of diet I should be eating, what did they tell her? "Eat nothing antioxidant. Eat no foods that are antioxidants. Don't eat blueberries. Don't eat acai."

Chi Lee DiGrazia: Never heard of such thing.

Julie Tyler: What do you think about that?

Chi Lee DiGrazia: I think the doctor is just afraid of any new things. They want to stick to a routine, because...like what the Bible says, you follow the Bible. As far as anything new, don't do it. Only what's safe. Because they're afraid of being sued. If you use something like this... "Oh yeah, ten years ago people did this and nothing went wrong; we'll be okay. That antioxidant food is too new and we don't know anything. We don't want to get in trouble."

Julie Tyler: Have you ever had a bad experience with any of your patients as it relates to colon hydrotherapy? Have you ever had somebody become ill or suffer a punctured colon or anything very negative?

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Chi Lee DiGrazia: In my practice, I never find that. Even people 80 years, 90 years old, they come in. You're a doctor. You have to monitor the client all the time. You're not leaving them in the room and then doing something else. That's the key point. They have an accident I-ACT...that happened, a punctured colon, because the practitioner left the lady, 80 years old, by herself, and she went to do something else. Any doctor in surgery has those same kinds of risk factor. You have to take care...as the therapist yourself. If the person has diverticulitis, is older, has lots of other...heart problems, liver problems, or diabetes, you need to monitor the patient. I think if the therapist can be good, having training would be better. Without training, just to do it, that's where there would be more risk.

Julie Tyler: Since you're an MD, you are able to say, "I have treated patients with these symptoms with colon hydrotherapy." You're able to make those kinds of claims. Whereas the typical colon hydrotherapist, even though they have 200 hours of training and they're part of a professional board, because they're not licensed, because it's not a licensed profession...as much as they would like it to be...or at least protected, they can't make those kinds of claims. Do you have...would you like to see them be able to be licensed, or do you still feel...

Chi Lee DiGrazia: I would think either they will be trained like with CPR, or either with emergencies, or either some kind of nurse background would be better. At least they know what the patient's condition is. And those people get I-ACT...they should be able to...that's even I-ACT's policy now. They need a doctor on the premise to supervise. You don't have to be a doctor to do the colonic. You can hire a colon hydrotherapy practitioner, certified by I-ACT or whatever. But you need a professional doctor supervisor, or nursing supervisor, who is monitoring the patient, to see what's going on. Mm-humm.

Julie Tyler: Is colon hydrotherapy part of a typical protocol in other countries, as far as you know, maybe specifically in China? Is it performed in hospitals as like a preparatory procedure prior to any kind of surgery? Was that your experience in China, or no?

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Chi Lee DiGrazia: In China, you don't have to be in medical field. Even in other European countries, you don't need this. Because...

Julie Tyler: You mean the therapist...the colon therapist?

Chi Lee DiGrazia: The therapist. Yeah, the therapist. They go into...what is it called? Something, like...

Julie Tyler: Oh, holistic center, you mean?

Chi Lee DiGrazia: Holistic center, yeah. Or even some medical center, they accept it, colon hydrotherapy as a cleansing procedure. It's not really, it's not in the medical field. But in America, it has to be under a medical supervisor. Yeah. This is the only country. Because, I say, it's the medical doctors here who are very orthodox, very powerful. But there are hospitals that do...There are hospitals that do use hydro-colon therapy. Is that what you were asking? Oh, in Thailand, yes.

Julie Tyler: Yeah, well, Europe and elsewhere. In the hospital, in Thailand?

Chi Lee DiGrazia: Yeah. In China too. They do both. Both in the hospital, and outside the hospital.

Julie Tyler: As far as...in my research, I found that colon hydrotherapy was actually part of hospital procedure in the United States broadly for many, many years until, I don't know, maybe the early 1900s, and then they..it stopped.

Chi Lee DiGrazia: They take it off. Yeah. Yeah.

Julie Tyler: Yeah. Or even just a regular enema.

Chi Lee DiGrazia: That's different.

Julie Tyler: And now we don't do that anymore though.

Chi Lee DiGrazia: Even in the radiology department they don't do it. But they will still do an enema.

Julie Tyler: Oh, radiology?

Chi Lee DiGrazia: Yeah, radiology, they don't do it.

Julie Tyler: I interviewed a radiologist recently. In Texas. In Dallas.

Chi Lee DiGrazia: Do they do it?

Julie Tyler: I don't remember if he talked about that or not. And he doesn't believe in colon hydrotherapy, by the way.

Chi Lee DiGrazia: No, no, about enema. I'm talking about enema.

Julie Tyler: Yeah. He said the colon has to be absolutely clean...squeaky clean. If there's any little spot, then it comes up as a tumor or it's suspect. Yeah.

Chi Lee DiGrazia: That's true. That's true.

Julie Tyler: So, I don't know if there's anything else. We talked about pretty much everything. That was a great, great, great, great interview.

Chi Lee DiGrazia: I don't know. I just spoke whatever came up in my mind.

Julie Tyler: You're excellent.

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

I've been trying...there was another Chinese doctor at the Mayo Clinic...I've been trying to get somebody from the Mayo Clinic. I tried to get somebody from Cleveland Clinic because it's a world-renowned...

Chi Lee DiGrazia: All kind of working together.

Julie Tyler: Well, the Cleveland Clinic...you know it's world-renowned...they have a whole integrative health department. So the woman who is running the Integrative Health Department right now said, "We don't offer colon hydrotherapy. We sometimes refer out, but it's not something that we wholeheartedly embrace in the clinic."

Chi Lee DiGrazia: You know what? The insurance company took it off the list of covered treatments. That's why they take it off too.

Julie Tyler: Yeah. And she wouldn't do an interview with me. She said, "I don't know. I'm not an authority on it." I said, "I'm not asking you to be an authority on it. I've already got those people. I want to know what your opinion is. Why isn't colon hydrotherapy thumbs-up in the Cleveland Clinic in the Integrative Holistic Health Department?"

Chi Lee DiGrazia: It's like acupuncture. Ten years ago they didn't cover it. When I was in California, I did acupuncture, not covered. Then when I came to New York, they covered everything. Because why? Because in America... acupuncture schools developed. So many acupuncture schools. They graduate their own acupuncturists now. And those acupuncturists born in America, who are not from China who were born in America, educated in America, they fought for acupuncture. And they finally...Somebody has to fight. That's what you're doing right now.

Julie Tyler: That's why I'm doing this.

Dr. Chi Lee DiGrazia, Julie Tyler / DrCLee_DiGrazia_trans.mp3

Chi Lee DiGrazia: Yeah, you're a fighter. That's why we help you to fight. And that's why those acupuncturists finally got a license and got insurance. Got to get those insurance companies. Got to get it.

Julie Tyler: I don't know how...

Chi Lee DiGrazia: I think once insurance accept it, the hospital will accept it and the people have to demand it.

Chi Lee DiGrazia: Hospitals are looking for money. They don't do things without money. You know what.

Julie Tyler: Yeah. Of course.

Chi Lee DiGrazia: Once insurance covers it, I think hospitals will accept it.

End of DrCLee_DiGrazia_trans.mp3