

Julie Tyler: Introduce yourself. Tell me your name and where we are. And tell me about your training. I'd like to know where you got your training.

Dr. Christopher Demetriou: My name is Dr. Chris Demetriou and I'm a gastroenterologist in Garden City, New York. And I started out by being part of something called the Sophie Davis Program, which was a program that combined college and medical school together. I eventually did my training out of Stony Brook. I then did my fellowship out of Winthrop Hospital, that's in Mineola. I did a little extra time in Columbia to learn a little bit more about liver disease and liver transplantation. And now I opened up my private practice again back here in Long Island in Garden City.

Julie Tyler: When you were in medical school did they place much emphasis on the colon, if you recall, when you were going through school? Or is it kind of an afterthought?

Dr. Christopher Demetriou: No. I think it was a very important part because the majority of people end up having gastrointestinal disorders. So, learning about the gastrointestinal tract, I would say would be one of the major issues that we went across through medical school.

Julie Tyler: So, it was your impression during medical school that the colon is certainly something to pay attention to? The whole alimentary canal. Because I have interviewed doctors who have said that the colon is no important at all clearly people can live with out it, you know, they can have a colostomy bag, but that wouldn't preferable if one could avoid it.

Dr. Christopher Demetriou: You would have to say, though against what they were telling you, about 60

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percent of people have gastrointestinal problems, and the majority of people who have gastrointestinal problems end up having bowel function disorder, which would either be constipation, or diarrhea, bloating, excessive flatulence, so...

Julie Tyler: And one only needs to look at the \$500 million laxative industry.

Dr. Christopher Demetriou: Absolutely.

Julie Tyler: And as you say, people are going to the doctor...one out of probably every 3 visits has something to do with some kind of gastrointestinal problem.

Dr. Christopher Demetriou: A gastrointestinal problem, exactly.

Julie Tyler: As far as your GI practice here, part of the reason I came was because you have found colon hydrotherapy to be useful to prep the bowel for a colonoscopy. Did you have experience with the other protocol before you found colon hydrotherapy?

Dr. Christopher Demetriou: Absolutely. I've been a gastroenterologist probably about 13 years now, so the main prep that I still use is a basic oral prep using polyethylene glycol. So, I have a lot of experience with that prep.

Julie Tyler: Was there success with that? What made you decide to look elsewhere for another prep?

Dr. Christopher Demetriou: Well, I would say overall I have very good success with the oral prep. My issue was patient satisfaction. Close to about 25-30 percent of patients had some issue with the oral prep.

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Consuming this type of volume, which can be anywhere from 128, as low to 64 ounces, of fluid on a regular basis for this prep over a short period of time could be very overwhelming for a patient. It can end up leading to nausea, vomiting, diarrhea, extensive diarrhea to the point that they get dehydrated. It can lead to a lot of abdominal cramps. There was a lot of dissatisfaction with that prep.

Julie Tyler: Mostly from the level of kind of discomfort, or did you see anything that was even more severe in terms of renal disruption?

Dr. Christopher Demetriou: I've never seen renal dysfunction, but I did see something, because I typically combine polyethylene glycol with something called Dulcolax, which is another stimulant-type of laxative. And it's very common, actually quite a number of gastroenterologists use this type of prep combining polyethylene glycol with Dulcolax, I would say five to ten times a year I come across a patient that can have a very adverse reaction to Dulcolax where they get severe abdominal cramps, pallor, near fainting episodes, tachycardia where their heart races, almost to the point that they're considering to call 911, so, it could be a very, very severe reaction. And unfortunately I actually went through that on a personal level, it actually happened to my wife. So, when she ended up prepping she was doing fine until she took these Dulcolax tablets, and then basically in the middle of the night I found her on the floor. And I'm a doctor, and I was very close to calling 911, because I was very concerned. And I would say I counted that every year five to ten times and that's very concerning.

Julie Tyler: How did you learn about colon hydrotherapy? Where did that come from?

Dr. Christopher Demetriou: It's kind of funny. When I was building this practice I said, "Okay, obviously I

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know one of the biggest obstacles for a patient going ahead and getting a colonoscopy done is the bowel prep." So, I said, "What can I possibly do to make that a little bit easier?" So, obviously you always get advertisements about colon hydrotherapy, and I said that would be great if I'm able to use that as a bowel prep. So, I was real excited thinking that maybe I came up with something innovative. So, I did a little research online and I saw, I think his name was Dr. Fiorito out of Danbury, and he actually is the true pioneer in this.

Julie Tyler: How bout that? He's famous.

Dr. Christopher Demetriou: Absolutely. So, I read some of his studies. I actually called him to ask him about his success and he was actually very happy and very pleased, so I said let me give it a shot.

Julie Tyler: Did you notice something? Did it strike you one way or the other initially when you first started integrating that in your practice?

Dr. Christopher Demetriou: Well, the first couple of them, when I saw that this was able to create a prep just as good, or if not better, than the regular oral preps, I got very excited. And then I did a little bit more research into, meaning that I did a little bit more of assessment of the prep, asking patients about side effects, patient satisfaction.

Julie Tyler: Sort of an exit survey?

Dr. Christopher Demetriou: Absolutely. I actually also took a number of patients and did random blood testing on them to see if there was any major electrolyte deficiencies, abnormalities. And you know what? I was very, very pleased. And from my experience I would say a couple of important things; the preps were just as good if not better, patient satisfaction was much higher,

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and the side effects were less as compared to the oral preps.

Julie Tyler: Sure. What percentage of your patients choose or opt for colon hydrotherapy versus the...

Dr. Christopher Demetriou: That's a good question.

Julie Tyler: What's that the polyethylene glycol, yeah?

Dr. Christopher Demetriou: Yeah. We can abbreviate it, PEG. Patients who have never had a colonoscopy before, I would say maybe only about 10 to 20 percent will opt to go with the colonic version.

Julie Tyler: Twenty percent?

Dr. Christopher Demetriou: Ten to twenty.

Julie Tyler: And that's maybe because they're familiar already with the other protocol?

Dr. Christopher Demetriou: Those are patients who have never experienced the other protocol.

Julie Tyler: In other words, they come in, you have the consultation, and you say we can do it this way or we can do it that way?

Dr. Christopher Demetriou: Exactly. So, a person who has never experienced the oral prep typically opts to do the oral prep. It's the patient, though, that is coming back for the second or third time who have been through the oral prep and has had the side effects of the oral prep. Those numbers drastically change to about 50-50, meaning 50 percent of the people end up opting for colonics. Now, from my experience so far,

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the majority of those patients end up being women. I just feel women end up being a little bit open-minded, more open-minded, than the male. We typically have female therapists, so a female feels more comfortable with a female. So, I think that ends up pushing women to want to do this more than men, but I have had a number of men who have undergone colon hydrotherapy with great success.

Julie Tyler: Another doctor I interviewed said his practice has actually grown, I think he said 25 percent, because strictly word of mouth and just referrals. Have you found that at all?

Dr. Christopher Demetriou: Absolutely.

Julie Tyler: Have you?

Dr. Christopher Demetriou: I have people coming, obviously I told you I work in Long Island, I have people coming from actually West Chester, from New Jersey, from Manhattan, because I offer this type of a prep.

Julie Tyler: That's fantastic. So, now that you have this as part of your colonoscopy prep, have you seen any side effects, you kind of already touched on it, but have you seen anything significant, adverse?

Dr. Christopher Demetriou: I would say the only side effects that I've seen would be a little abdominal cramps, which is somewhat expected. And I had one patient, I've done probably close to 100 now, one patient that had pretty bad nausea. Yeah.

Julie Tyler: Any thoughts on whether or not that was due to impaction, or general toxicity, or overweight?

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Dr. Christopher Demetriou: My personal opinion on it, on that one patient, there are people that have what we call irritable bowel syndrome. Part of that disease entails a condition called visceral hypersensitivity, which is a condition where people have very sensitive nerve endings. They feel things a lot easier than the average person feels, so obviously when the water flow is going in, dilating the colon, they ended up feeling that a little bit more. But I see the same problem even after a colonoscopy, because we put air in the colon to do that type of a procedure, these patients are the typical patients that after the procedures start to complain of abdominal cramps. It's almost inevitable that this is going to happen to them.

Julie Tyler: So, it's not isolated really to one prep or the other?

Dr. Christopher Demetriou: No. Exactly.

Julie Tyler: Do you think that certain patients will be more apt to have that kind prepping because they're suffering from chronic constipation, for example, where they're not maybe eliminating as many times as they should be per week?

Dr. Christopher Demetriou: I would say probably not, because these patients that really have chronic constipation end up having decreased sensation in their colon. That's probably one of the reasons why they don't feel urges; they don't have the strong enough push to push out the colon, so they actually have the opposite. So, to answer that, no.

Julie Tyler: So, you think that people that suffer from chronic constipation actually their nerves are not as sensitive?

Dr. Christopher Demetriou: Exactly.

Julie Tyler: And are desensitized over time?**Dr. Christopher Demetriou: Exactly.****Julie Tyler: So, possibly the contents of the colon are agitating or somehow just effecting the nerve endings.****Dr. Christopher Demetriou: One of the things we always tell people is to respond to your urges. You can take little children who just have a fear or they just don't go to the bathroom, these kids, if they don't correct that behavioral habit can end up suffering from really bad constipation as they get older. And the reason behind is that you desensitize the colon. When the colon wants to push and people are not allowing the stool to come out, the contractions start to become less effective, less strong. The sensation starts to become less, so people don't have the same urge to go to the bathroom.****Julie Tyler: So, in my brain it would follow that if water is gently being issued into the colon, that's going to cause or stimulate peristaltic activity. And over time if somebody has a sluggish colon possibly, or they have suffered from some type of chronic poor bowel habits, constipation, a few sessions may kind of jog the colon to reactivate itself.****Dr. Christopher Demetriou: Absolutely.****Julie Tyler: Is that logical?****Dr. Christopher Demetriou: I think it's logical.****Julie Tyler: Because there are M.D.s who say it's unnatural and colon is perfectly well-equipped to do all that on its own, but clearly there are lots and lots of**

people walking around and their colons are not doing it on their own anymore.

Dr. Christopher Demetriou: Absolutely.

Julie Tyler: You ask people, “How often do you eliminate per week?” And they say, “Well, if I’m lucky, three times. And I asked my doctor and the doctor said that was normal for me.” How often do you think it is recommended that one eliminates? What would your answer be?

Dr. Christopher Demetriou: Well, when you look at the textbook definition they would say three bowel movements a week could be acceptable as a normal bowel movement, in the textbooks. I personally think a person should go one time per day, or if not every other day.

Julie Tyler: There are doctors out there, or investigators, who have looked at the diets of other cultures in Africa, Asia, elsewhere, and they’re seeing primarily plant-based diets. And they’re looking at the eliminatory patterns of those populations and seeing these people go three times a day. What comes out or what goes in the evening comes out maybe the following evening and so on. You look at babies or toddlers, maybe they’re going a little bit more frequently than adults, so something is happening over time as we get older where that’s not happening. Do you think diet is certainly something to consider in that regard?

Dr. Christopher Demetriou: Absolutely. We like to promote a high fiber diet, but sometimes we don’t see that. Ever since the industrial revolution where they started to refine milling, there’s not a lot of fiber out there.

Julie Tyler: That was the diet of the peasants.

Dr. Christopher Demetriou: Exactly.

Julie Tyler: The brown bread was not desirable.

Dr. Christopher Demetriou: Exactly. So, I think that has a lot to do with it. And especially in the city that I live, people rely on more fast food type of diets. That's why obesity is an epidemic right now, and they're not going with the healthier options.

Julie Tyler: It seems that high fiber, as far as the narrative, the medical narrative, is because of heart disease. It seems to always be you want a high fiber diet because we want to prevent heart disease, but from what I understand the colon needs both, it needs pressure. In fact, the cells in the colon, the walls of the colon, they have to have pressure upon which to activate.

Dr. Christopher Demetriou: Well, that's a very good point because, like I had mentioned before, once we started to take away from fiber from our food products, that's when the disease diverticulosis really started to run rampant.

Julie Tyler: So, diverticulosis was not something that was prevalent in 1800s?

Dr. Christopher Demetriou: Exactly. Exactly. So, after we started to follow it, especially here in the western society, a low fiber diet, that's when people started to have problems with diverticulosis. And if you look at some of the literature out there they're saying about 80 percent of people by the time they're 80 will develop diverticulosis. And that has a lot to do with exactly what you said, if you don't have the bulk in the stool the colon has to work that much more harder to push out.

Julie Tyler: Yeah, it has to push harder. It doesn't have...

Dr. Christopher Demetriou: Exactly, to push out stool. And that extra pressure that's generated in the colon leads to these out pockets, which we call diverticulosis.

Julie Tyler: It's also my understanding that if someone has diverticulum within their colon that actually some of those oral preps that are being used for colonoscopy can actually aggravate and cause something to puncture, I guess the diverticula to be aggravated, and that's certainly not desirable. I'm just wondering if colon hydrotherapy logically seems a little more gentle?

Dr. Christopher Demetriou: I don't know about that to be honest with you. I never had an issue before with someone taking an oral prep and end up either developing diverticulitis or perforation on one of these diverticulus, but I would have to assume--

Julie Tyler: That's what Dr. Gershon, who wrote the book, he's not an advocate of hydrotherapy, but he did say that those drinks are very, very harsh on all of the cells and the colon wall and, in particular, there is a diverticulum there that that could be worrisome because of the contractions of the colon.

Dr. Christopher Demetriou: Absolutely. I'm a big supporter of colon hydrotherapy, but then you could also look at it on the flipside. You are instilling a large volume of water in the colon, and when you're doing that you're generating pressure in that colon. If that pressure is not assessed appropriately you can run into the same type of a problem.

Julie Tyler: So far you said you didn't have any, of note, side effects from the colon hydrotherapy except for the one case of someone with some nausea. You

said the population that prefer the...once they already had both is about 50 percent, that your practice has grown a little bit, you're definitely seeing some referrals. When it comes to the three professional boards for the GI community, why do you think that they're not embracing colon hydrotherapy across the whole profession as an alternative to colonoscopy prep? Despite the fact that there are some cases to be made for, there have been some studies, but they're not being disseminated, why do you suppose that is?

Dr. Christopher Demetriou: The boards really dictate what gets done by evidence-based medicine. And unfortunately the world that we live in, that evidence needs to come from maybe a well-known institution. And I think that's a big obstacle at this point. We discussed this before, these big institutions...it's very difficult for them to all of a sudden adopt something that is not FDA approved, that does...

Julie Tyler: The equipment is...

Dr. Christopher Demetriou: The equipment is.

Julie Tyler: But the licensing.

Dr. Christopher Demetriou: But it's not FDA approved to use colonics to clean out the colon for colonoscopies. So, medical legally a hospital thinks twice before they say, "Okay. Let's put in X amount of dollars to create a colonic suite, and let's start adopting this."

Julie Tyler: Imagine all the money that would go into setting up all the logistics and the infrastructure for that.

Dr. Christopher Demetriou: Exactly. And then they say are we putting ourselves out there for a legal problem in the future. And I think that ends up being a big obstacle. It's very different if you're going to

experiment with a medication, which the expense is not that big, obviously it's going to be a controlled study with patients, but maybe not as risky as it would to start a colon hydrotherapy, which is a somewhat invasive type of treatment plan.

Julie Tyler: How come you decided to do it then? What was the inspiration, or what was the deciding factor that the benefits outweighed the risks for you?

Dr. Christopher Demetriou: That's a good question. I am not as afraid medically legally, and I wanted to be a pioneer in my field. And I wanted to offer something different, and I was building this space. So, this was all vacant, it was very easy for me to run some plumbing, get a boiler place, put the money into buying the machine, and I did make a contact with Amy Sanders who's one of the leading colon hydro therapists in the country who's going to work with me to start doing this together as a treatment plan for prepping the colon. So, I said, "You know what? I'm young. Let me give it a shot. I really see a role for it." Because I know the biggest obstacle for a patient getting a colonoscopy is the prep. So, let me try my best to see what I can do to make this a little bit easier for them. You have to understand, when we go through training, it was etched in my brain that we're going to use PEG, and patients are going to have to starve for 24 hours, and that's the way it is. And as soon as I get out of training, you're young and you're not into making rocky waters, you just want to do what you're trained to do, and do it the way you were trained to do it, but when you do it that way you never advance medicine. And I really want to try to do something different to advance medicine, so not only do I experiment with colonics, which has given me great results, but I've even realized that now I've advanced patients diets for breakfast. I actually start allowing them to have a yogurt, for lunch they can have a milkshake, and the preps are just as good as the preps with these clear liquid diets that I originally had patients on, but the patient satisfaction obviously is much greater with the advanced diet preps I offer.

Julie Tyler: Has anyone come to you and said, “I would just like to get a colonic. I understand you do them, I haven’t come across a therapist. It was just easy because you’re name came up, and I personally feel like I might need a colonic. It’s after the holidays. I’m just feeling a little icky.” Has that ever happened?

Dr. Christopher Demetriou: It does happen. If it’s someone...

Julie Tyler: Is that something that you would decline to do?

Dr. Christopher Demetriou: Most of the time I do, but if it’s somebody I’m very close with, a patient that I know for a number of years and they want to do something like that, I do it. But I try to stay on a path of where I’m comfortable with, and prepping colons is something that I’m very comfortable with. In fact, I’ve experimented on myself with different preps to try to modify the oral preps. So, it’s something that I’m very well-familiar with, so I just kind of want to stay focused right now on my career, on just doing it to clean out the colon.

Julie Tyler: When Amy trains your RNs, or when she came and kind of helped you set up the apparatus, and I don’t know if you sought out her or if it was the other way around, but does she kind of get into that with you? Did she chat with you about what she does for a living and all her different clients?

Dr. Christopher Demetriou: I actually bought my machine from her and that’s where we started to become friends. And she was very interested...I think she was very inspired to know that I’m taking a treatment that she does and bringing it into the medicine world. So, we got to talking, and I really liked her, and I thought she was really, really knowledgeable. So, I said, “Why don’t you come here. Obviously you

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have a lot of experience doing this and you have a great reputation. Why don't you come down and help me do it?" So, we're trying to bring the two worlds together.

Julie Tyler: Well, most definitely as far as validating it, the first kind of shoe in is for the GI community to start embracing that this is a simple alternative, and then from there we'll see kind of where it goes and that's obviously a whole other///

Dr. Christopher Demetriou: You know what I always say? There is some negative publicity for colon hydrotherapy, but I don't want someone to discount what I'm saying right now. I'm a professional. I'm a physician. I have actual experience doing this. So, I don't want someone to discount what I'm saying. I'm saying it works. It works to clean the colon. So, there may be negative people out there, I would love to sit down, we could sit down face-to-face, and I could show them my data, they can show me their data, and we can compare it together.

Julie Tyler: We could have a little roundtable. I'm game. And for example, another GI I interviewed recently, he's done thousands and thousands of colonoscopies over 25 years and he does the drink. It works, it's fine, maybe the patients don't love it, but we don't love to go to the hospital or to have those kinds of things done. And I think maybe he just doesn't know about it and he doesn't really want to change. Change is difficult sometimes and it could just be as simple as that, but I liked your answer that you maybe wanted to be a pioneer in medicine.

Dr. Christopher Demetriou: In medicine the majority of doctors end up being creatures of habit. So, they're accustomed to something and that's what they want to stick with. But, there are those doctors out there that want to revolutionize their field somehow.

Julie Tyler: Do you have GIs that ask your opinion on this actually? Do you have other colleagues that are curious? What are you finding?

Dr. Christopher Demetriou: I would say more of them, I'm not going to say they laugh at me, but more of them find it humorous or funny. And again, it's out of ignorance, so I don't need to support what I do to them. I know what I'm doing and I know the results and the word of mouth. And I'm a pretty young guy, and I don't think a lot of doctors in this area have the volume of patients that I have. And that has a lot to do with me being open-minded and me offering things that other people don't offer.

Julie Tyler: That's so cool. How important is screening for colon cancer via the colonoscopy to preventing colon cancer, but we sort of know the answer to that? Fifty years old is kind of the magic number, do you think that it's wise for people to get screened earlier? Or is it really if colon cancer runs in your family, or if you have Hirschsprung's disease?

Dr. Christopher Demetriou: Personally, I try to stick to the guidelines, so it's typically at the age of 50, or if you have a first degree relative, it would be ten years prior to that case or at the age of 40, whichever one comes first, or there could be people that have symptoms, right? So, if someone has rectal bleeding, if someone has a change in their bowel habits...I've been doing this for quite a while right now. I would say I diagnosed a 29-year-old with colon cancer before. She came to me. She had a little rectal bleeding. I said, "It's probably hemorrhoids, but you know what? Let's go ahead, and do a colonoscopy," and I was very surprised to see what I saw.

Julie Tyler: And she had colon cancer?

Dr. Christopher Demetriou: She had colon cancer. I diagnosed a 32-year-old with colon cancer. Actually, one of my patients, a lady named Kathy DeRosa, she ended up having quite a number of polyps. It's something called hyperplastic polyposis, and she actually is a very remarkable lady because she developed a foundation called The DeRosa Foundation, and myself and Memorial Sloan have been involved in this foundation, and what we're trying to do is raise money for research into this type of disease. So hyperplastic polyps, typically, are polyps that do not have the potential to turn into cancer, but when people have a great number of them, our thinking is a little different. We think these patients actually do have an increased risk for colon cancer. So we raise money to try a little bit...try to learn a little bit more about this disease.

Julie Tyler: In the cases that you diagnosed with colon cancer or that you mentioned, what was the treatment that would...

Dr. Christopher Demetriou: We ended up catching them early.

Julie Tyler: So it was just a polyp-- <overlapping conversation>

Dr. Christopher Demetriou: So the treatment ends up-- <overlapping conversation>

Julie Tyler: -- polypectomy?

Dr. Christopher Demetriou: Those...because they were large...okay...they ended up being a segmental colectomy...part of the colon was removed. Okay? There are a number of patients that I am able to find a big polyp that I can remove with the endoscope. Okay,

but in those cases are the younger patients that ended up being colectomies.

Julie Tyler: And have you ever had any that had to have a full...their entire colon removed, and then had to rely on the colostomy or no?

Dr. Christopher Demetriou: Well, that lady I just mentioned to you...Kathy...because she had hundreds of polyps throughout her colon, she had, basically, a total colectomy done.

Julie Tyler: Yeah, total colectomy. There's a famous actress, actually, who's written a book. Her name is Barbara Barrie, and she's been very open and verbal about her colostomy and life after colostomy, and I applaud her for sharing her story. And, certainly, I know other individuals who have had that, but it's not the preferred outcome, of course, and I just wonder do you see applications for colon hydrotherapy maybe as they, hopefully, will mount more studies? We don't really know what the cause of colon cancer is, but... here's a better question. The patients that come in especially on the younger side, and they're being diagnosed with colon cancer or they have many polyps, what is the precursor to that? What is happening 20 years before to those polyps? What are those polyps? Nobody knows.

Dr. Christopher Demetriou: Yeah, no one knows. We think these patients most likely have a genetic mutation that's causing them to have an increased risk to develop polyps at a young age. Just like why do some people develop freckles, right? I think that has a lot more to do with genetics, but where we originally started this though...why is colon cancer so common... okay...in the general population? Why is it the third most common cause of cancer, okay?

Julie Tyler: And why has the number increased over many years, and why are we not seeing that same percentage of cases in other countries, or if you look back a hundred years ago? Why is that?

Dr. Christopher Demetriou: And even between different nationalities, right? Why is...<overlapping conversation>

Julie Tyler: Between different nationalities.
<overlapping conversation>

Dr. Christopher Demetriou: It...could it be dietary?

Julie Tyler: I have seen different percentages that 80 or 90 percent of it is attributed to lifestyle, and a very small amount is attributed to...

Dr. Christopher Demetriou: Genes.

Julie Tyler: ...heredity, genetics. So...

Dr. Christopher Demetriou: You're absolutely right. Probably about 5 to 10 percent are attributed to genetics. <overlapping conversation>

Julie Tyler: Ninety percent.

Dr. Christopher Demetriou: Yeah, so what is it that is causing the increased risk of the development of colon cancer? I don't know. I would have to believe dietary... I mean, there were some studies out there that showed diets that are low in fiber...low in calcium could lead to...high intake of red meat could lead to an increased risk for colon cancer, so.

Julie Tyler: And is it because possibly that over time if your eliminatory habits are not as good as they should be, stuff is just hanging around too long? I mean, I definitely had a doctor say...he was a anesthesiologist, and he has looked at hundreds of colons, and he said, "There's no such thing as impaction. There's no such thing as anything lining the walls. It's not like pipes where they get backed up because clearly if somebody could take the oral prep drink or do colon hydrotherapy, you can eliminate it quickly. It's gone." It's a clean colon, but what about all those people out there that are not having a colonoscopy? They're not doing the drink. They're not doing a colonic. What is going on in there? Is that possible that they have back up?

Dr. Christopher Demetriou: From my experience, because there are certain situations that urgently I need to do a...what we call sigmoidoscopy, which is a half a look at the colon, for whatever the issues may be. So there is a group of people that I scope that don't prep at all. I can't say that I see things on the lining of the colon wall...<overlapping conversation>

Julie Tyler: So they just come in as is-- <overlapping conversation>

Dr. Christopher Demetriou: Yeah, let's say they come in-- <overlapping conversation>

Julie Tyler: Come as you are-- <overlapping conversation>

Dr. Christopher Demetriou: "I have-- I'm bleeding. I woke up today, and I have a lot of blood," and I kind of want to assess what is exactly going on here. Is this hemorrhoids or is this something more? So I may take that patient and bring him to my back procedure room, and I may conduct what we call an unprepped flexible sigmoidoscopy. So I can't really see...I have never really seen things that adhere to the wall of the colon,

so, from my experience, I can't say that...that I've seen stuff like that.

Julie Tyler: The contents are just there because they haven't been cleansed.

Dr. Christopher Demetriou: Exactly. What happens? Things back up. Okay? And what can end up happening is our intestinal tract is very mobile and just like basic gravity, once a lot of pressure develops in a part of a colon, it's going to move it to one side or the next.

Julie Tyler: Sure, it's heavier.

Dr. Christopher Demetriou: Exactly. And that movement can abut up against another organ.

Julie Tyler: Like the gallbladder.

Dr. Christopher Demetriou: Like the gallbladder or the bladder...

Julie Tyler: The pancreas. <overlapping conversation>

Dr. Christopher Demetriou: -- or the urinary bladder or the prostate and causes these different types of symptoms.

Julie Tyler: And let's face it. I mean, the body...it's a one directional tube. It's meant to go out. You know what I mean? But, again, that's an area that I'm still investigating...this idea of autointoxication or toxicity. You have one camp that says, "Absolutely, toxins are in the air. We ingest toxins." The idea of parasite infection. I mean, I have had therapists tell me that

they have eliminated roundworm, and roundworm we can't necessarily see, but they discovered that the patient had roundworm through blood tests, but tapeworm, for example. Tapeworm is kind of funny in a way if you want to stay skinny, but, ultimately, it's very toxic, and it impedes your ability to absorb Vitamin B-12.

Dr. Christopher Demetriou: Oh, absolutely.

Julie Tyler: So you don't want that.

Dr. Christopher Demetriou: No.

Julie Tyler: And getting a colonic can eliminate that tapeworm. I might investigate that.

Dr. Christopher Demetriou: Yeah, absolutely. I mean, it may take more than just the colonic to do it, but you may see something on a colonic that will lead to further treatment of that problem.

Julie Tyler: Yeah, or just recognizing that it's problematic. It's not as healthy as it should be. There's material in there, in other words, that we can tell was lodged in there. It's been some time.

Dr. Christopher Demetriou: I do the colonics for cleaning out the colon, right? Like you had asked me before, sometimes you can twist my arm to help you out with constipation. So let me tell you a couple things about constipation because I was a speaker for a pharmaceutical company talking about a different type of medication on constipation.

Julie Tyler: You were?

Dr. Christopher Demetriou: Let's talk about quality of life scores. When they took a person who's constipated...okay...those patients were just as miserable if not more miserable than a person who has severe lung disease...let's say...from smoking and is connected to an oxygen tank, or people who have severe congestive heart failure where they can't even walk 10 steps without becoming short of breath. So constipation makes people very, very miserable. Okay?

Julie Tyler: Yeah, and some people have severe constipation.

Dr. Christopher Demetriou: Absolutely. I've actually had women in my office doubled over on the floor from severe pain from constipation. I've been through two childbirths with my wife, and I haven't seen pain quite like that before. I'm speaking honestly to you. So people can be very miserable with constipation.
<overlapping conversation>

Julie Tyler: I took myself to the emergency room one time. I was about to get on a plane, and I doubled over. I have never felt pain like that in my life. I thought I was having an ectopic pregnancy or something. It was terrible. They called the EMTs...took me on a stretcher to the hospital...Marina Del Rey...and on the way there, suddenly, it was gone. It just moved. I said, "Oh, my goodness. I think I was...I got to go to the bathroom." And whatever was in there was moving, and it was piercing. And so chronic constipation is no joke, and, as you say, just from the discomfort level, it's bad news. Not to mention the other argument that you see physical signs...exterior signs of what is going on in there...bad skin, weak, tired, lethargic, bad mood, agitated...

Dr. Christopher Demetriou: The other thing...obviously, I'm in the medical profession. I'm not

in the world of cosmetics and appearance, but a lot of people...especially a lot of women...who have severe constipation, they're not satisfied with having a belly that looks like they're three, four months pregnant. So it definitely weighs on them psychologically. They don't want to see the belly like that. So, yeah.

Julie Tyler: And, unfortunately, I have you here sometimes...specially when it comes to the celebrities... "Oh, it's great for weight loss. Your stomach will be flat," and in all honesty, that's nice. That's a great byproduct, but the fact of the matter is...is when you are so impacted or bloated like that, you're just uncomfortable.

Dr. Christopher Demetriou: Absolutely. That's where sometimes in the medical profession...when we speak about things, we speak about, like we said before, evidence-based medicine. Once people start talking about things that there maybe is no scientific backing, you start to discount things. That's why with colon hydrotherapy, there are people out there...

Julie Tyler: Sorry. Say what? It just paused. So that's why when you're talking about colon hydrotherapy...

Dr. Christopher Demetriou: Yeah, when we're talking about colon hydrotherapy, we have to be very careful with what we think it can really do for people because when someone says to me, "I do colon hydrotherapy for weight loss purposes," theoretically, there's no way that colon hydrotherapy will lead to weight loss, but when you see these types of advertisements, you're going to begin to discount the treatment. You're going to be like, "What is this all about?"

Julie Tyler: Now, in fairness, I will say a Chinese doctor I interviewed recently talked...she has a Ph.D. in herbology. She was trained in China. She actually

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talked about the lymphatic system as being a partner with the colon. So in other words, you have these eliminatory organs...detoxifying organs...the lungs, et cetera. When the colon is not functioning properly, then the lymphatic system is adversely affected. So when you're trying to detoxify or metabolize better...I mean, after all, the small intestine is your metabolism and your...<overlapping conversation>

Dr. Christopher Demetriou: Yeah, that's where the major digestion and absorption occurs, yeah.
<overlapping conversation>

Julie Tyler: ...digestion and absorption. So if the colon is functioning better, then that might allow the lymphatic system to drain more...to drain properly. Now, we're talking about something that's a little bit more subtle and complicated.

Dr. Christopher Demetriou: Absolutely, but that goes back to...we really need some evidence before we say, "Yes, this can promote weight loss." So when you start throwing these types of terms out there you begin...the red flags start.

Julie Tyler: I agree.

Dr. Christopher Demetriou: You're like, "Wait a minute. What's going on here?"

Julie Tyler: I thought weight loss had to do with not putting as much food in my mouth, laying off the cookies, and jogging around the block. And we know that to be true. So, yeah, that's true. Well, we certainly, have talked about pretty much everything.

Dr. Christopher Demetriou: One of the things I need to talk to you about with respect to preps because this is what I do, okay?

Julie Tyler: I thought of a good question, too. Go ahead...sorry.

Dr. Christopher Demetriou: Okay, so if we were to talk about colon hydrotherapy as a prep, I want to just go over a little bit of literature. Okay? So, obviously, with the oral preps...okay...the nausea, vomiting... cramps that occur end up most of the time being because of the volume that the person needs to drink. Okay, so I'm very familiar with polyethylene glycol. So there is this prep called GoLytely.

Julie Tyler: Yes, that's a PEG-- <overlapping conversation>

Dr. Christopher Demetriou: Exactly.

Julie Tyler: ...oral drink

Dr. Christopher Demetriou: -- a PEG, which is a 128 ounces to be-- that you have to drink over three hours. Then I adopted this MiraLAX prep, which is taking 64 ounces of Gatorade and mixing this polyethylene glycol, which is tradenamed MiraLAX, okay? And studies have shown consuming 64 ounces as opposed to the 120 ounces leads to less pain, less nausea, less vomiting. And the preps were equally as good.

Julie Tyler: Right. So already...

Dr. Christopher Demetriou: Already...the lower volume is definitely the way to go. Now, when we do my prep, which is the ColoLAVAGE prep, right. We have the person drink a little something the day before. They drink 16 ounces of Snapple that we mix a little MiraLAX in. So you could imagine...you're going from 128 ounces to 64. My prep is only 16 ounces. I hardly ever see anyone complain of nausea, vomiting...abdominal cramps with my oral part of the

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prep. Okay? So I think that's very important. The second thing I want to talk about is...there's been a lot of studies out there with what we call split-dose preps meaning that the typical preps are typically given the night before. The whole prep is given the night before, but studies have shown that if you give half the prep the night before and half the prep the day of the test, the preps are much better. Okay? The problem though with giving that the morning of the day prep...okay...is the person has to take that prep six hours prior to their colonoscopy because they cannot have anything in their stomach six hours prior to the...so they...

Julie Tyler: Or you'll have that syndrome.

Dr. Christopher Demetriou: You can't have it because it's an anesthesia risk. So for six hours...

Julie Tyler: What's the term that you...

Dr. Christopher Demetriou: Aspiration.

Julie Tyler: Aspiration?

Dr. Christopher Demetriou: Exactly. So what you have to do for these patients now to accomplish this split-dose prep, you have to have them take that prep six hours before the exam. Let's say their exam is at twelve o'clock in the afternoon. That means they have to consume that whole prep by six o'clock in the morning. Okay, if it's eleven o'clock...right...it's five o'clock in the morning. Okay?

Julie Tyler: So inconvenient.

Dr. Christopher Demetriou: Very inconvenient. So what do we do with the ColoLAVAGE prep? Yeah, they drink the 16 ounces the day before, and then they come

into the office two hours before their colonoscopy. And I flush out the colon for them. Okay, and so close to the colonoscopy that there's no way that any other residue is going to get into the colon. That's why the effectiveness of this prep is just as good or...if not better. Now, finally, my biggest pet peeve about these oral preps is people just give them generically to everybody. So meaning that if you're a 65-year-old woman, you're going to get the same prep as a 6'2", 250 pound man. Okay, we never customize these preps, but with colon hydrotherapy, I customize it because a typical treatment is about 45 minutes. If we feel like the 65-year-old woman is cleaned out after 30 minutes, we stop the prep. If we feel like they need a little bit more than 45 minutes, we extend the prep. So we truly customize the prep to the patient. There's not one other prep out there that can say that they do all three things.

Julie Tyler: Yeah, even just on the level of convenience. I mean...that's something right there. I just had this one last question or comment or thought. I tried to get in touch with The Colon Cancer Alliance, a large organization. And one of the doctors on the board kind of got back to me on this issue of colon hydrotherapy. I wanted to know, "Do they support it or not? Have they heard of it?" And he got back to me right away, and said, "Oh, no, The Colon Cancer Alliance does not advocate or support in any way...do we endorse colon hydrotherapy." And you could imagine how I felt about that. I mean...do you have any thoughts on that? Here is The Colon Cancer Alliance organization that's supposed to be an advocate for everybody who is looking for more information about screening, and their whole main goal is to get people to get screened to prevent colon cancer. And here is this alternative out there, and they don't endorse it. So I'm assuming they know about it. I'm assuming they know what it is.

Dr. Christopher Demetriou: They know about it, but that goes back to that evidence-based medicine. The

studies are not there, and I don't know the exact number, but how many gastroenterologists...let's say... use colonics to clean out the colon? I would think it's a handful or two handfuls. I mean, not a whole hell of a lot, and one of the things I had spoken to you about before was the fact that in this day and age with the way reimbursements are, we're working from morning to night. Okay? And, yes, I've adopted colon hydrotherapy. Would I have loved to put studies forth? I would love to, but that takes a lot of time and a lot of work, and if I need to maintain a certain volume just to pay my bills and to survive, it makes it very difficult for me to say, "Okay, I'm going to allocate this time as a private gastroenterologist to put studies forth." So that kind of handcuffs me, and that's where, hopefully, one day a bigger institution...like in Connecticut...

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Dr. Christopher Demetriou: ...can do more. Right?

Julie Tyler: Do you think that The Colon Cancer Alliance should look into this?

Dr. Christopher Demetriou: I think they should because my results are only promising.

Julie Tyler: Do you think that they might get something out of that...find out something useful that would help people who are looking into screening and want to know what's best for them?

Dr. Christopher Demetriou: It has...

Julie Tyler: Would it be in the patient's best interest?

Dr. Christopher Demetriou: I think so because my patients are very satisfied. Those patients that had

both preps before...the oral prep and my ColoLAVAGE prep...every single one preferred the ColoLAVAGE. Every single one.

Julie Tyler: Right, that says something. Well, maybe we'll get Katie Couric on our side, and maybe she'll have something to say about it.

Dr. Christopher Demetriou: I think that will be great. I mean, I have a lot of video out there of these procedures. So there's going to be no doubt in anyone's mind that this prep is just as good or, if not, better. There would...I'm willing to have anyone that wants to sit in and watch the colon hydrotherapy take place to see patient satisfaction. Like I said, I like to routinely do blood testing to confirm there is no electrolyte abnormalities. Let them come down, and review and see on a small scale what I do, and...

Julie Tyler: The information is there. There are some studies. People are talking. It's just...it needs an open mind I guess.

Dr. Christopher Demetriou: Absolutely.

Julie Tyler: Open-minded individual...well, I think we covered a lot. Thank you so much.

Dr. Christopher Demetriou: My pleasure.

Julie Tyler: I really appreciated meeting you, and it's wonderful. Cool.

Dr. Christopher Demetriou: Have you ever seen a prep with colon therapy or no?

Julie Tyler: I haven't really seen one, no, per se.

Dr. Christopher Demetriou: Have you ever seen a colonoscopy before?

Julie Tyler: Only in video online.

Dr. Christopher Demetriou: I know you don't live close, but if you ever wanted to pop in...

Julie Tyler: I know. Well, I'll be back in here June.

Dr. Christopher Demetriou: Yeah?

Julie Tyler: I start in July. My cousin's getting married, so I'll be back in New York in July. And it's funny I took on this topic, and then shortly afterward, my father was ready to get another colonoscopy. So this is now his third. He's 74, and unfortunately for my dad, he lives up in northern Minnesota in the middle of nowhere with the wolves running around. He's two hours from Duluth. So I said, "Dad, I'm doing this whole film...blah, blah, blah. You really should look into getting a colonic instead of the drink," and he said...he's very stubborn, and "Oh, no. What is this thing?" The roundabout story is I explained everything. I said, "There are places that you could probably go. Maybe not in Ely, Minnesota, but, certainly, in Duluth. Let me see if I can help you." And then it just became so difficult because of the travel time...the fact that he has to go through the VA, the fact that the VA doctor...the GI...doesn't know what colon hydrotherapy is-- never heard of it. I said, "Dad, let's make it easy." I was in Minneapolis at the auto show. I said, "Can we...let's try to get you scheduled for a colonoscopy in Minneapolis. We could do that. I know we can. It'll be worth it, Dad, I promise," because he can come down. He could spend the night, get the hydrotherapy in the morning, do the colonoscopy just like you said, and be done. Well, it just couldn't happen. He was just thwarted at every turn...the VA. Then, he goes in to get the colonoscopy. He's like, "Ah, just screw it. I'm just going to do the drink. Whatever."

He said, "Of course, I hate the drink. This is my third time. I dread doing it or whatever." So he does the drink, goes in for the colonoscopy...they can't get the tool in. So it was totally unsuccessful...had to reschedule it. So he does it a second time... unsuccessful. Whatever the new tool was, they couldn't do it. So then he has to go do a third time, and that's when they had all the air and whatever, and I said, "Listen. It's very uncomfortable," and he couldn't...he had to recoup for a few days, and it's just a shame. I couldn't even help him in his own situation.

Dr. Christopher Demetriou: Absolutely. The colon therapist themselves...I want to talk to you about a little bit. They're really awesome people. I used to do a procedure...right...where I used to take a camera, and put it down your nose, and I would look into your stomach, and you're awake...completely awake. A very intimate procedure because you're awake, and I'm on top of you with a scope. They're doing the same type of intimate procedure. Obviously, the patient's awake, and they have a tube in their behind. So they have such a remarkable bedside manner. I have to tell you. They're really fantastic people.

Julie Tyler: I know. They are.

Dr. Christopher Demetriou: My patients love them here because they're so warm, understanding. It's great.

Julie Tyler: When I went to that conference, I interviewed a whole bunch of people, and the president at the time and her sister...they were both therapists or whatever. I interviewed them, and they're from Georgia, and they're very religious. And the one woman was saying, "We rid the body of the evil from within, and this in the Bible," which, by the way, I think it is in the Bible actually...colon hydrotherapy. ...But I have to say, after you just brought that up, it's true. I

mean, they said to me, "Who else in the world with this type of profession...think about what we do."

Dr. Christopher Demetriou: The other thing I do with colon...this colon hydrotherapy...you talk about probiotics. You know what I end up doing? This device that we have here allows us to...during the last rinse to put something in there. I put probiotics in there to flush out...that final rinse that goes through the colon, I can flush with probiotics. The other thing I use is something called simethicone, which is an anti-gas thing because sometimes when we do colonoscopies we see a lot of gas bubbles and stuff. So, I mean, it...

Julie Tyler: And those are not comfortable either.

Dr. Christopher Demetriou: No, because you can't see things. So it really helps.

Julie Tyler: Well, again, even at the level of the colonoscopy prep, if that's where it has to end, that's huge. I think that's really huge because it would mean that these therapists would have a legitimate place to be, and they would still have their other practices but they would be finally validated, I think, in the medical community.

Dr. Christopher Demetriou: And then...

Julie Tyler: You could get licensed.

Dr. Christopher Demetriou: That's the way you get the foot through the door by getting it validated in the medical world.

Julie Tyler: Of course, yeah.

Dr. Christopher Demetriou: And then extending it and doing a couple things with it.

Julie Tyler: That's why being able to meet you, and have this interview is really...

Dr. Christopher Demetriou: That's why I didn't come to...I do my thing here, but I want...Amy...she's all excited. She wants me to push ColoLAVAGE, but I said to her, "Listen, I'm not pushing anything until I've completely mastered this," because I said to Amy, "There's what they don't understand. When you're in the medical field, you don't put something out there, and say a year later, 'Oh, we've modified it to this way.'"

Julie Tyler: You have one crack at it.

Dr. Christopher Demetriou: This is it.

Julie Tyler: That's true.

Dr. Christopher Demetriou: So right now, the preps are clean. I'm pushing the diet part right now...allowing people now to eat more. So I've done it with the regular oral preps, now I'm doing it with the colonic. And then once I can say, "Boom, I...not only can you eat more with this prep, but you're obviously going to drink a lot less foul...that oral stuff," and it's going to be a lot more satisfactory to the patient. Now I'm hitting everyone from every front. So that's the idea.

Julie Tyler: Well, it's an interesting project for sure.

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