

**Dr. Eric Gordon:** As far as what I should talk about...it's chronic disease and the affect of toxicity...this is what I know about. That's where you'd get the most out of me.

**Julie Tyler:** Right. Good, that's what I'd like to focus on.

**Dr. Eric Gordon:** And why we use it, you know, because our experience with...we treat mostly chronic Lyme disease and chronic fatigue. And the people who don't get well tend to be people who have chronic constipation and get the most toxic. When we experiment with long-term antibiotic therapies interestingly enough, part of the syndrome as far as those who don't respond are those who have been constipated for many years. Constipation is usually part of it and especially those are the people who get the most toxic. Our experience with long-term antibiotic therapies interestingly enough have been the people... part of the syndrome of people who don't respond are people who...

**Julie Tyler:** People whose colons are impacted or...

**Dr. Eric Gordon:** Yeah, who have been constipated for many years and... Yeah, and just broaching the issue that the whole thing of toxicity from a poorly functioning colon isn't something that's accepted by medical people just because nobody's looked.

**Julie Tyler:** Right.

**Dr. Eric Gordon:** And what we...what we're dealing with is the empirical evidence of what we see from our patients and what people who decry and have no use for this are people who have never...they're just going on "We know." Why do we know? Because...

**Julie Tyler:** Because...

**Dr. Eric Gordon:** Because we're doctors and we know. The fact that...

**Julie Tyler:** And that's what the literature told us.

**Dr. Eric Gordon:** Yeah, and the literature doesn't exist. <laughs> In fact, the reality, if you chase the literature back most of the complaints...the risks of colon therapy are based...

**Julie Tyler:** As far as dangers...

**Dr. Eric Gordon:** As far as dangers are based on a few cases and the same few problems keep getting repeated and people keep repeating the same case reports. It's not like there's...

**Julie Tyler:** They're regurgitating information from Colorado from 1974...

**Dr. Eric Gordon:** Right, exactly. There's a few cases in some in...here and there but most of the medical literature just cites the article and people think well, oh, this happens all the time and it's actually rather rare but...

**Julie Tyler:** Even the Meridian Institute...there was that very long article about colon hydrotherapy...I forget his name...and this was written years ago and I reached out and spoke to him and he said, "Oh, my God. That paper was so long ago I don't even feel comfortable really talking about it" and that's the paper conversely that the supporters of colon hydrotherapy are citing and that's a good thing but it just goes to show you that we need to update.

**Dr. Eric Gordon:** Yeah. Well, there's really...I don't know of any studies that look at long-term outcomes. What we have to deal with is our experience that we see a subset of people basically who get toxic and get sicker when they're being treated for often these chronic infections and a lot of...

**Julie Tyler:** Such as...

**Dr. Eric Gordon:** Well, especially Lyme. Lyme disease is the big thing, I mean tick-borne illnesses, because there are multiple infections here and some times there are just other bacteria that can live in the body for a long time and...

**Julie Tyler:** And they manifest symptoms that mirror other syndromes...

**Dr. Eric Gordon:** Right. I think the biggest problem we have in the kind of medicine we do and in the problems of people who come to...who go to colon therapy because they're fatigued or they just have some diffuse muscle aches and don't feel well is that when they go to the doctor, just like our really sick, sick patients, people who can't leave their houses because they're in so much pain or their brains don't function well, the...if they go to the regular doctor the regular doctor uses their blood count, whether you're anemic or not, and a measure of 12 other chemicals in the blood that reflect baseline kidney and liver function and whether your electrolytes are balanced. Now these are tests that are useful when you're near death or when you're very, very ill with a bad pneumonia or you're very, very anemic...

**Julie Tyler:** So very urgent, acute...

**Dr. Eric Gordon:** Acute...

**Julie Tyler:** ...Situations.

**Dr. Eric Gordon:** Acute illnesses, it's...but it doesn't apply to most people who don't feel well. That's why most people who don't feel well get referred on to psychiatrists because psychiatry is the only field in medicine that really is paid to listen to people's complaints, not look at their lab tests.

**Julie Tyler:** Yeah.

**Dr. Eric Gordon:** Okay. Now there are lab tests that will reflect the illnesses that we see but they're more esoteric measurements of chronic inflammation that's not mainstreamed so when you go to the emergency room or your regular family physician or internist or even specialist they do their range of tests. If they're normal, you're left with...you don't...it will go away because most things do go away. That's how medicine gets to ignore most people's complaints because most of these things don't kill people and so you get tired of going to the doctor but they make you feel lousy. So what I see are people who have been very, very ill for a long time. Many times they try the standard or even the alternative therapies but they still stay ill, and the hallmark of most of them, not all but most of them, is chronic constipation and many of this started before they got sick and many times with the onset of the illness. And in these people they...we see that when the bowels don't work we...the liver...you just keep reabsorbing whatever toxins your body gets rid of, and the problem with the word "toxins" is that when I was in medical school "toxins" was a dirty word because it was...it's imprecise, it means anything...

**Julie Tyler:** It's very broad.

**Dr. Eric Gordon:** ...And it's very, very broad and we didn't have the abilities to measure what these, quote,

unquote, toxins were. We know a few of them. In certain people we can measure ammonia levels...

**Julie Tyler:** Right.

**Dr. Eric Gordon:** ...That can be very high but most of the time these are chemicals...

**Julie Tyler:** And you're talking about toxins that the body actually creates, that these are internal toxins that are just byproducts...

**Dr. Eric Gordon:** Mostly. Many times they're products of...they can be from the environment such as ciguatera and things that you can get from fish and they can be produced by some of the bacteria. A lot of them are chemicals that bacteria make and normally when the intestines...well, when the small intestine is working well these toxins are not reabsorbed and also the colon when it's working well these toxins are just passed out.

**Julie Tyler:** Because you have an adequate transit time...

**Dr. Eric Gordon:** The transit time is reasonable and the bacteria load is different. When you have chronic constipation the bacteria in your gut change. I mean one of the things...I'm sorry...the doctor whose name I'm not remembering right now but he's a rather well-known expert in irritable bowel syndrome...

**Julie Tyler:** Okay.

**Dr. Eric Gordon:** ...Especially the constipation, and he's been using antibiotics...

**Julie Tyler:** Okay.

**Dr. Eric Gordon:** ...To change the bacterial flora which then changes the constipation, it goes away, so it's...but is it chicken or the egg, which changes so...but the and it's the...Autotoxicity was a phrase that was used in the '20s and '30s quite a bit and is still is around in naturopathic circles but again another concept that doctors hated. I don't know why. You wonder how these things enter a field but it becomes self-fulfilling after a while and so you kind of learn if anyone mentions the words...those are those buzzwords that doctors will roll their eyes around.

**Julie Tyler:** And it kind of gets lumped into the whole world of quackery and...

**Dr. Eric Gordon:** Oh, yeah. Well...

**Julie Tyler:** ...Esoteric and...

**Dr. Eric Gordon:** Yes.

**Julie Tyler:** ...Metaphysics really, almost.

**Dr. Eric Gordon:** Right. Right. Yeah. It definitely is not considered something that's real, but we know that chemicals go through the body and are reabsorbed. I mean one of the things that we've been doing is working...There's a fellow named Dr. Ritchie Shoemaker in Maryland who did a lot of work with mold and the ciguatera, the fish...these are-...'cause the fish toxins that can happen from fish...small reef fish that are exposed to the...a red tide can become...if you eat them you can get sick. And most people just get sick for a week, a few days; then they get better. Some people stay chronically ill for years.

**Julie Tyler:** Right.

**Dr. Eric Gordon:** It's because they cannot make an antibody to this neurotoxin and your body just recycles it. Okay. Your liver processes it, puts it into the bile, and then it gets reabsorbed through the lymphatics.

**Julie Tyler:** So this idea of those kinds of toxins is sort of embraced but yet toxins that come from maybe more nutritional toxins, outside toxins, environmental toxins, those are not as--

**Dr. Eric Gordon:** Well, none of this is...

**Julie Tyler:** ...researched or...

**Dr. Eric Gordon:** None of this is really embraced yet. Okay. What happens in medicine is that it takes years for information to trickle in from different fields of medicine and then before it becomes acceptable... Medicine is like religion, okay, because we don't really know very much. Okay. We know a lot about what kills you. When it comes to trauma medicine is very, very good. When you're near death there's nothing like modern medicine, okay, but it is terrible at studying things that you have to account for multiple variables. When you're near trauma you have....

**Julie Tyler:** And years before even.

**Dr. Eric Gordon:** Oh, oh, yeah. Well, chronic...

**Julie Tyler:** We're talking about years...

**Dr. Eric Gordon:** We don't have tools to study this. Okay. All of our tools have been honed on something where there's one variable that's really large that we can measure and the other co-variables are dwarfed like again a bullet wound, overwhelming pneumonia, these things...a heart attack in the moment. That's

easy. What causes heart attacks, well, we're still very confused on that, I mean what the background etiologies are. There's the inflammation, cholesterol, but they're still so vague and that's something that we've been focused on for 50 years.

**Julie Tyler:** And so what I was going to follow up on or just ask then: What are the signs and symptoms? We talked about constipation...

**Dr. Eric Gordon:** Right.

**Julie Tyler:** ...But...that people should be paying attention to? If you want to talk about alkalinity or the things that the community is looking into, the naturopathic community, what they're embracing.

**Dr. Eric Gordon:** Yeah. Well, we're...I look...again is that things like alkalinity and acidity are difficult...I mean I think they're important concepts but the literature is very confusing because people have looked at alkalinity and acidity in different places, in the urine, in the saliva, in the blood, and each system is different. And Dr. Revici, who did a lot of work with this 30, 50 years ago, he was actually looking intra-cellularly so it's really difficult to speak about it clearly...

**Julie Tyler:** Yeah, but since we are talking about...

**Dr. Eric Gordon:** Right, but...

**Julie Tyler:** Colonics, constipation certainly is...

**Dr. Eric Gordon:** But...

**Julie Tyler:** ...A red flag you would say as far as...

**Dr. Eric Gordon:** Right. Yeah. There's probably a problem in...and there's obviously a problem in gut motility and gut motility starts usually with having sufficient stomach acid to begin with. If you don't start there, usually the whole system backs up and...

**Julie Tyler:** So are antacids when people are...

**Dr. Eric Gordon:** Oh. Those are...

**Julie Tyler:** ...Addicted to antacids...

**Dr. Eric Gordon:** That's...

**Julie Tyler:** How do you feel about those?

**Dr. Eric Gordon:** Oh, those are terrible. I mean again they're phenomenal Band-Aids and the proton pump inhibitors are really wonderful diagnostic tools and they are really useful with acute ulcers, okay, to prevent...I mean when I was in training people were still getting operated on and people were dying regularly from bleeding from ulcers, and now that's very uncommon because of those medicines so they're not inherently bad. Where they're inherently bad is they're given to everybody who has a little stomach upset and they're put on them and they're often left on them for years...

**Julie Tyler:** Years.

**Dr. Eric Gordon:** ...Years...literally years. I mean we're talking lifetimes and that is terrible. You're impeding digestion right in the beginning, you slow down stomach emptying, and people's reflux, this GERD they call it, the gastroesophageal reflux, is I think kept going because you have poor peristalsis down the whole system and you know...you...by having poor digestion right off the bat you're not...the stomach

mucosa is not fed. And you...again these are things that when we step back and apply I guess what we now have to say would be...I'd like to think of them as just healthy but I guess you would say naturopathic principles of cleaning up the gut, getting rid of the bad bacteria and...

**Julie Tyler:** Bringing back the motility...

**Dr. Eric Gordon:** ...Bringing back the motility by improving the digestion, giving...At first many people need supplements for enzymes to start things off. If you're young enough, that's often enough, just kind of prime the "pump" and then the body...That's the beauty of the body; you don't have to do...be perfect. You get it halfway going and it fixes itself.

**Julie Tyler:** But for patients who are older in years and they've had the diet...

**Dr. Eric Gordon:** Oh, yeah.

**Julie Tyler:** ...That they've really abused and they haven't paid attention to the chronic acid reflux and they're on medication that gives them side effects of constipation, etc., those patients...would you say they don't have functional bowel...their bowel is not functional anymore?

**Dr. Eric Gordon:** Yeah, right.

**Julie Tyler:** It's not a healthy bowel?

**Dr. Eric Gordon:** It's no longer a healthy bowel and that's...

**Julie Tyler:** Because I've had doctors say, "But colon hydrotherapy is not necessary. A normal functioning colon can eliminate..."

**Dr. Eric Gordon:** Right.

**Julie Tyler:** ...Just fine and it knows what to do...

**Dr. Eric Gordon:** I agree normal functioning colon but your point is well taken. Most people don't have normal functioning colons. Probably we don't need to brush our teeth if we ate really raw food, and I'm not talking about people go for raw food now where they mush everything together but raw food like you eat in the wild your teeth...because your gut flora would be absolutely healthy you probably wouldn't need to...I mean brushing your teeth is something relatively new. I mean...

**Julie Tyler:** Wow.

**Dr. Eric Gordon:** ...They didn't have toothpaste a hundred years ago.

**Julie Tyler:** Right.

**Dr. Eric Gordon:** I mean this was a business that was invented, okay, and...but because of the way we eat we do need to remove sticky sugars from our teeth so...and it's the same thing with the gut. The way we eat today even when we think it's healthy is not healthy so we don't...most of us don't have functioning bowels that are optimal and doctors...

**Julie Tyler:** So it's useful to take this extra step...

**Dr. Eric Gordon:** Oh. The colonic I think...

**Julie Tyler:** ...To integrate it into your health regimen...

**Dr. Eric Gordon:** I think that it really makes a difference and again we see it...in the people who are toxic...who are clearly toxic we can see how they change with a series of colonics.

**Julie Tyler:** What symptoms are you speaking of...

**Dr. Eric Gordon:** Usually again it's fatigue, just diffuse arthralgias, diffuse joint pains, just kind of...

**Julie Tyler:** Skin.

**Dr. Eric Gordon:** ...The skin, just not feeling as well as you used to, and again colonics as an only thing, well, it's like any intervention. Usually, this is a lifestyle issue so you have to do more than one thing...

**Julie Tyler:** Right.

**Dr. Eric Gordon:** ...But as a way of jumpstarting the system and getting you to feel differently I think...

**Julie Tyler:** Do you think it's unfair that sort of, I say the AMA but just the traditional medical community kind of dismisses it out of hand...

**Dr. Eric Gordon:** Well, yeah, it...but life isn't fair.

**Julie Tyler:** Right.

**Dr. Eric Gordon:** This is just how medicine has evolved. Medicine, in order to deal with the fact that we don't know much about anything, has set up rules to

make people feel that we know something and this doesn't apply to fooling patients; this is really for the doctors ourselves. Okay. In order to feel like we know what we're doing, we have created a fantasy world of that we know and if we don't know it, it doesn't exist, I mean and I see this in all areas of medicine. And what happens is that doctors stop looking at what they see in front of them. I mean the family docs and the general internists are often the most available because they're used to seeing people day...the same people day in and day out...

**Julie Tyler:** I was just reading they just appointed this woman chairman now of the AMA...

**Dr. Eric Gordon:** Yes.

**Julie Tyler:** ...And in her speech she said that very thing, that doctors are forgetting to go by their instincts, to view their patients who are right in front of them, to listen to what they say and that modern medicine in a way with all of the technology, just the machines and... that they've gotten a little bit away from that hands-on kind of personalized care.

**Dr. Eric Gordon:** It's because if you need to make decisions rapidly, okay, it's much easier to limit the possibilities of what you're going to do and what you're going to be...and what it's going to be based on. When a patient comes in and they don't have just a complaint, they have a state of being of who they are, but in seven to twelve minutes, which is what you're allowed if you work for an HMO or if you even have a private office and you're taking the kind of insurance you really need to be seeing people that quickly you don't have time to really appreciate the subtlety of the complaint. You look for the magic word, which is my joints, so for my joints here's Motrin or ibuprofen. If it's your stomach...

**Julie Tyler:** ...Or...

**Dr. Eric Gordon:** ...You...Right. Right. If it's your stomach, you are...take the proton pump inhibitor, the Prilosec or whatever...

**Julie Tyler:** Right.

**Dr. Eric Gordon:** ...They're selling these days...

**Julie Tyler:** So...

**Dr. Eric Gordon:** Yeah.

**Julie Tyler:** You being a doctor, do you really come from the standpoint of deficient...what might they be deficient in or what is an abundance...or overabundance I should say in their...

**Dr. Eric Gordon:** Well, that's...you have to look at the balance of the person and what's happened to me is again my practice has changed so much over the years. Twenty years ago it was really about people who were just out of balance, okay, and those were people who we would yes, clean up their guts, fix their hormones or balance their hormones and they would do very well. Now I see people where that doesn't work for them. I see people who often have...who have a deep infection on top of that and you still have to do those things but that's not enough and that makes...And that puts people into a whole other world of toxicity because generally the people who need treatment for these infections are people who have toxic livers and toxic colons because the body by itself probably deals with a lot of these infections and that's why we have such an argument and I won't...I'm going into my world, which is the chronic Lyme disease, is that I think a lot of people... I know a lot of people have Lyme disease and have no symptoms because their body is able to keep it in check. We have I mean trillions of bacteria in us and we do just fine, we live in balance with them, but when

you get enough pieces that are out of balance then you get into trouble.

**Julie Tyler:** Yeah. So it's all about toxic load.

**Dr. Eric Gordon:** Yes. That's a nice way of...

**Julie Tyler:** In other words, everybody has a toxic threshold and each organ...the body is amazing and it has all of these default mechanisms and at any cost it will try and mitigate circumstances and subtract and add and take into account but the more strikes against you in other words the more symptoms that will exhibit themselves.

**Dr. Eric Gordon:** Right. Yeah. It's all about balance and none of us are perfect and we...the beauty of the body is so many things can be so disordered and we still feel fairly well and that's what the surprise is, but the problem...I want to bring it back. The amazing thing about the body is you can feel so miserable and have normal blood tests by the regular physician and that's the problem because his or her blood tests are designed for a severe acute disruption of the organism.

**Julie Tyler:** Right. Right.

**Dr. Eric Gordon:** Okay.

**Julie Tyler:** Right. Let me just pause that one more time. I'm curious...unless you wanted to continue on that thought...but do you have... ..Shortly, but just wondering for how many years now have you been referring patients for colon hydrotherapy? When did you kind of integrate that into your practice? You said your...

**Dr. Eric Gordon:** Yes.

**Julie Tyler:** ...Practice is 20 years old.

**Dr. Eric Gordon:** Oh, yeah. Well, I've been practicing for 30 years but still probably in the last...I always had a bit and it was harder to find other places; before I moved to California they weren't that available; it was more uncommon and people were much more resistant.

**Julie Tyler:** Right.

**Dr. Eric Gordon:** It used to be much harder. We would suggest it and people wouldn't go so...

**Julie Tyler:** How often do you find that you are suggesting it?

**Dr. Eric Gordon:** Oh, we probably refer people weekly but again, many of our patients are already...by the time they show up they're already using colon therapy.

**Julie Tyler:** Yeah. Have you yourself gotten a colonic for a particular reason or just...

**Dr. Eric Gordon:** I've just never had <laughs> really the time to get them regularly...

**Julie Tyler:** Right. Right. Yeah.

**Dr. Eric Gordon:** Yes.

**Julie Tyler:** Yeah. Well, I kind of fall into that camp too. It's a couple times a year. I've never had a major...

**Dr. Eric Gordon:** Right.

**Julie Tyler:** ...Reason but I just...it just makes sense to me that like your teeth...it should just be...

**Dr. Eric Gordon:** Right.

**Julie Tyler:** ...Part of your regimen.

**Dr. Eric Gordon:** Right.

**Julie Tyler:** We sure did cover a lot.

**Dr. Eric Gordon:** Yeah. Yeah. I think...

**Julie Tyler:** I don't know if there's any...In general, would you like to see that colon hydrotherapists are part of the healthcare that's delivered?

**Dr. Eric Gordon:** Yeah. Yeah.

**Julie Tyler:** Is it in the patients' best interests to have that?

**Dr. Eric Gordon:** Yeah, and what I would really...I'd like to point out for...just what's...what happened with Shea Lynn and Stephen who were shut down by the medical board, is that this is a problem with how medical...or how all state agencies that oversee issues are...that the problem with them is that decisions are made by one or two people who have maybe some knowledge of what they're doing and then it goes...turns over to enforcement people. And the enforcement people tend to be either people who were originally in the police or DA offices or prosecutors and so they're not bad people but they're giving information that says this is bad; go fix it.

**Julie Tyler:** It's very abstract...disconnected

**Dr. Eric Gordon:** So they don't have any idea of what it is they're enforcing and that really is the problem is that the... So the enforcement can be very draconian because the people who are doing the enforcement don't have the knowledge to judge the fine points. I mean you have to go through the appeals process to get there...

**Julie Tyler:** Right.

**Dr. Eric Gordon:** ...And that's what makes all...this so terrible but it's kind of the...I mean this is why...we are...not to get political but this is where the Republicans actually have a point...is that we legislate very good ideas, that they are there to protect us, but then we wind up implementing them with such blunt instruments that we create a regulatory nightmare. And what they would do if they imposed these rules is they would take colon therapy and make it too expensive. I mean that...if you demand that it be done by an RN, okay, and especially an RN in a physician's office you're going to raise the price and make it out of the...just make it unreasonable so...

**Julie Tyler:** Now there are registered nurses and physicians obviously who think that the whole procedure should be prescribed, that there...that either a doctor is on site or that the...it's administered by a registered nurse, but again if you have a community of people that that's going to be their specialty, that's their passion, that's their...

**Dr. Eric Gordon:** Right.

**Julie Tyler:** ...Where their knowledge is and expertise is that really necessary?

**Dr. Eric Gordon:** Well, the only place where there's a little validity to their argument is the question of patient

selection and that's...when you look in the literature and you find the so-called dangers of colon therapy it's because of the poor patient selection by somebody, the practitioner. Either the person didn't tell the colon therapist or the colon therapist made a misjudgment but we all make misjudgments...

**Julie Tyler:** Sure.

**Dr. Eric Gordon:** ...But-...'cause people with active inflammatory bowel disease probably shouldn't have colon...or if they have it very gently 'cause that's...but...and so that could be a reasonable caveat that if someone has inflammatory bowel disease they should... they probably should be reviewed by the doctor...

**Julie Tyler:** Right.

**Dr. Eric Gordon:** ...Beforehand.

**Julie Tyler:** The more serious...

**Dr. Eric Gordon:** The more serious...

**Julie Tyler:** ...Pronounced discomfort...

**Dr. Eric Gordon:** ...Pronounced problems but that...but by having everyone...by having it done by RNs that's not going to change the...I think again training of the colon therapists in asking the appropriate questions and getting the history that would be consistent with that is probably just as efficient.

**Julie Tyler:** Especially when a lot of these therapists come from nursing backgrounds or nutrition or...I mean they've been in healthcare providing...

**Dr. Eric Gordon:** Right. I think training...better...I know...'cause again I'm not familiar with the exact training that colon therapists go through but...'cause they're...I don't think it's ever a problem, at least what I've seen, of really...with technique at least in California. It just could be patient selection and that's something that could be very easily taken care of. It goes back to that...the magical thinking of the population and doctors that somehow because you have an MD you're going to see the problem before it's there. It's like school physicals for athletic teams; it really doesn't do much. It's believed but if you've ever watched people do colonics you don't need a doctor to do them.

**Julie Tyler:** Right.

**Dr. Eric Gordon:** Okay. Because it's the grossness of the discrimination that's being used. Anyway...

**Julie Tyler:** Do you think that it could be beneficial to this profession to gain licensure so that that...sort of this gray area as far as...

**Dr. Eric Gordon:** Licensure is a double-edged sword. I mean it...it's...it is...it would probably be beneficial but then it adds a whole other...

**Julie Tyler:** It adds another dimension.

**Dr. Eric Gordon:** ...Another level of problems to getting it out there to people at a reasonable cost. I think the most important thing is to make sure that anyone who's doing colon hydrotherapy...

**Julie Tyler:** It's got to be smart regulation.

**Dr. Eric Gordon:** Yeah, smart regulation, which is...

**Julie Tyler:** Uh huh, which is...

**Dr. Eric Gordon:** Well, it doesn't often happen...  
<laughs> and good luck with that one!

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