

Julie Tyler: So here we are. Thank you so much for joining us. I am so excited to finally be here. Maybe you can explain to me how did the study even come about as far as...in 2006. Were you asked to do it? Was this something that you kind of pioneered?

Dr. Joseph Fiorito: So in 2006, it came about because I had several patients...an accumulating a number of patients...who simply could not do the preparation. Several were because of neurologic disorders. One person with MS...another with Parkinson's who were otherwise pretty stable, but needed colonoscopies for various reasons. And then I had a patient who came from the West Coast, who came for a screening for colonoscopy, and we discussed a preparation, and she said that she wanted to have hydrotherapy. And I was unsure of what hydrotherapy was at that time.

Julie Tyler: She requested it?

Dr. Joseph Fiorito: She requested it, and I did not know that there was any application for colonoscopy. And so I said, "Okay, well, let's look into this because I really don't have any experience." She gave me the name of the person who did the hydrotherapy out on... in Nevada, and I called them, and I asked them if there was any application for this...for colonoscopy because I wasn't doing and still don't do hydrotherapy for any other purpose. So she came...she was very kind to come out here...show me the process, show me the machine...

Julie Tyler: A therapist from Nevada?

Dr. Joseph Fiorito: A therapist from Nevada...her name was Jodi Cuomo, and I modified it a little bit so that we can do the preparation in one day. So that people would come in, and if they had-...and I wanted to make sure that this was going to work before I just

decide I was going to do this in anyone. So I took about 150 people, and I did 50 people with the hydrotherapy...50 people with Fleets and...we were using Fleets back then... And 50 people with Colyte. and just randomly assigned them to various different preparations. Fleets were twice a day. The Colyte was, at that time, one gallon all at the same time, and the hydrotherapy was if patients were having normal bowel movements and weren't complaining of constipation, then they would take a clear liquid diet the day before...two or four Dulcolax the night before just to get things started...hydrotherapy and then colonoscopy.

Julie Tyler: And the colonoscopy followed maybe what? Two hours later?

Dr. Joseph Fiorito: So they would come in two hours before the procedure. The colon hydrotherapy would be an hour...would be 45 minutes, and then we would do the colonoscopy 15 to 30 minutes later. It was shortly after the hydrotherapy. What we found in that study was that the hydrotherapy worked quite well. We got good to excellent preps in most patients. It was comparable in efficacy to the Fleets and the Colyte.

Julie Tyler: As far as effectiveness and thorough...

Dr. Joseph Fiorito: As far as effectiveness and...

Julie Tyler: Cleanse.

Dr. Joseph Fiorito: Right, and ability to have a good prep. And patients preferred it, given all the potential side effects you can get from either Fleets or from a Colyte, and so since that time, we...I've continued to use it...offering it to patients who either request it or can't do the prep. I don't push it, but if it...there's a

need, then it's done. We've done somewhere between 350 and 400 people to this point.

Julie Tyler: Since the study was completed?

Dr. Joseph Fiorito: Yeah, and we just tallied up our preparations. The vast majority was good or excellent. We have used it as a salvage method when people have come in and done their prep and have not had a good clean out, but he can go to hydrotherapy and come back...

Julie Tyler: Right here on site?

Dr. Joseph Fiorito: Correct. And this way they don't have to come another day and do it...and do their procedure in a different setting.

Julie Tyler: How many therapists do you have working on it?

Dr. Joseph Fiorito: Our nurses do it. Several of them are trained. So with-...and depending on who's here, we...there's a...and so we've had a good experience. I just did another study, which I'm just finishing, and I will write up and attempt to publish, looking at whether or not the hydrotherapy affects people's electrolytes, and it does not.

Julie Tyler: That you have found?

Dr. Joseph Fiorito: I have found it doesn't not affect electrolytes.

Julie Tyler: Disaffect?

Dr. Joseph Fiorito: It...

Julie Tyler: I mean, one way or another, it doesn't affect the-- <overlapping conversation>

Dr. Joseph Fiorito: Electrolytes are not changed by hydrotherapy because it's so **Julie Tyler:** -- adverse way.

Dr. Joseph Fiorito: So the sodium doesn't go down. The potassium doesn't go down. These...the electrolytes are not changed...are not affected by the hydrotherapy.

Julie Tyler: And were you aware of the study that was done in...I think it was Portland, Oregon...some years back about electrolytes and...

Dr. Joseph Fiorito: Yeah, it was a small study looking at seven people. I think we did 40 or 50 people, and so...

Julie Tyler: So it's more thorough.

Dr. Joseph Fiorito: Yeah, a little bit more rigorous.

Julie Tyler: And what other studies are you aware of that have looked at that same issue, if any?

Dr. Joseph Fiorito: I don't know of any others, and I don't know of too many other studies looking at colon hydrotherapy solely for colonoscopy preps, but I thought if I was going to use it, I would try and slowly acquire as much data as I could. So that's where we are. We found it particularly helpful in, again, special populations...people with neurologic issues and others. We've found it particularly helpful in people who just can't take the volume, and we get many people who come and request it simply by word of mouth.

Julie Tyler: Have you seen a pattern or a trend or just more requests for this?

Dr. Joseph Fiorito: Yeah, it's getting more and more frequent. Part of the...I think part of the reason it's not used more often is not covered by insurance. And to cover our costs, it is a \$100 fee.

Julie Tyler: And that's an out-of-pocket expense to the patient.

Dr. Joseph Fiorito: And that's an out-of-pocket expense. So...and then again, that's offset by how much they would pay for whether it's Colyte, or whatever, or Suprep, or whatever they're using, but it is an additional out-of-pocket expense.

Julie Tyler: And do you find that there's a difference between...let's say...individuals who are coming back for their second or third colonoscopy, and they've already had the drink, and they've also had the colon hydrotherapy, is there a difference?

Dr. Joseph Fiorito: Yeah, in the original study we did do people who had had Colytes or Fleets before. Most of those preferred the hydrotherapy. Most of the patients who have hydrotherapy, when they come back again, ask for the hydrotherapy. Many people, who have switched, ask for the hydrotherapy as opposed to the other preps. And then I have some favorite stories. I actually have a husband and wife who came from Washington state, and she's...came because she couldn't find anybody out there to do hydrotherapy for her husband who needed a colonoscopy, and he had...

Julie Tyler: Were they resistant to doing the oral drink?

Dr. Joseph Fiorito: Yeah, he had had a stroke. He simply he couldn't get back and forth to the bathroom, and she couldn't help him or get enough help.

Julie Tyler: So some physical limitations.

Dr. Joseph Fiorito: Yeah, and so he came, and we actually found a very early colon cancer, and he had surgery, and he's doing well. And they write me a letter each year. And it...and stories like that are anecdotal, but do show that it does serve a purpose in a variety of settings.

Julie Tyler: So the types of patients that you have seen that have kind of an adversity to it or that don't tolerate it as well are what kinds of individuals? Older people...

Dr. Joseph Fiorito: Don't tolerate what very well?

Julie Tyler: The oral drink...the oral product.

Dr. Joseph Fiorito: Well, lots of people don't tolerate the oral...I mean, there are young and old. I mean, some people simply cannot or refuse to drink that much, yeah.

Julie Tyler: Ingest that much.

Dr. Joseph Fiorito: Some...and so we get a lot of those. We get a lot of patients...a lot of people who... for whatever reason...are on a really schedule and are not going to sit around and drink, and take an extra day here or there...

Julie Tyler: Just for my time factor.

Dr. Joseph Fiorito: Right. We...again, we get lots of patients who have difficulty getting back and forth to the bathroom, and find it just sort of onerous and trying... will put off their preparation. I mean, the whole purpose in my mind to do this is not that I think hydrotherapy should be the favored prep for colonoscopy, but to capture that group of patients who would otherwise not get their colonoscopy because of their prep, so that we can continue to increase the number of people who require screening colonoscopy who actually get it. And that's the goal to prevent colon cancer, and if this plays a small role, then I think it's worthwhile. We found it to be very safe...very well-tolerated. In all of our patients, there was one complication, which was probably not the hydrotherapy, but somebody had a rectal laceration. But they had had a bunch of enemas before the hydrotherapy. Okay. Okay.

Julie Tyler: Otherwise, you have found it to be a safe alternative.

Dr. Joseph Fiorito: Absolutely.

Julie Tyler: I just kind of would be curious to know... yeah, let's see. I want to ask you. I was in touch with The Colon Cancer Alliance. This is a couple of months ago, and I wanted to find out if they had an official position on whether or not colon hydrotherapy could serve as an alternative prep for colonoscopy screening, and one of the doctors on their board got back to me and said, "No, we don't endorse that at all. We don't see a value in that," and, yet, their number one message is "let's get people screened for colonoscopy and colon cancer." How does that strike you?

Dr. Joseph Fiorito: Well, I think there was just a recent article in JAMA that reviewed hydrotherapy and felt that there really was no medical efficacy in hydrotherapy for cleansing, and I agree with all of that. I don't think...

Julie Tyler: As far as any other applications?

Dr. Joseph Fiorito: Right. Right, I don't...I think hydrotherapy done for purposes of leaky gut or whatever you want to call it, has no...I don't think there's any benefit scientifically, and I think that you can...setting yourself up for complications without a clear benefit. On the other hand, I think using the appropriate protocols, the appropriate equipment, the right sterility, and...

Julie Tyler: i.e., FDA-approved equipment, registered nurses who are maybe...

Dr. Joseph Fiorito: Trained...that's right. Trained nurses, et cetera...I think it's safe. We have found that it is an effective tool...an effective way to prepare for colonoscopy, and we have some data behind it. Although, again, I submitted my abstract...my paper to The American College of Gastroenterology, and it was not accepted. I have a whole bunch of a list of things that I have to correct, which at some point, I'll go over. We will submit the electrolyte study, and I...

Julie Tyler: So you do see it, obviously, as a benefit to an individual undergoing a colonoscopy, and, yet, again, the main medical advisor on their board...The Colon Cancer Alliance is saying, "We don't think colon hydrotherapy is valuable." I mean, that's their number one goal is to get people screened.

Dr. Joseph Fiorito: Yeah, I...look, I...my personal feeling is I think it has a place in special populations, and if it gets a small percent...and additional small percentage of people screened for colon cancer, that obviously is a good thing, but I think it has to be done carefully in the right setting, and not just haphazardly.

Julie Tyler: What about somebody who suffers from chronic constipation? What benefit might they achieve from colon hydrotherapy?

Dr. Joseph Fiorito: I'm not using it for chronic constipation. My chronic constipation people...treating them with a variety of methods to treat them. That includes diet and lifestyle modification, fiber supplements, MiraLAX, lactulose, Amitiza...a variety of things. I make sure that they get anorectal manometry if there's an issue of dissynergic defecation because that would require biofeedback, but more of the...more of a traditional evaluation and treatment. I have not...I don't...I have not done...and I don't have any data on hydrotherapy for chronic constipation.

Julie Tyler: And really haven't considered whether that might be useful just...not for the person that is, generally speaking, regular and consistent, and her diet's already pretty good. I can see that that...you don't really need to get in there and tamper with anything. The colon will operate normally if given some of the right tools. I also wonder, though, about the patient or the individual who's many years down there road to having irregular bowel habits, chronic constipation, very poor dietary habits, and whether there's some kind of sluggish colon situation...any kind of impaction...whether or not colon hydrotherapy...and, again, I know this isn't necessarily your area, per se, as far as whether this applies, but I just...

Dr. Joseph Fiorito: I mean, I've often...I mean... I think it probably would be worth studying. I've often thought if there would be a benefit in places like nursing homes or facilities where there are mentally impaired people, and would that be something that would benefit them? I think that has to be studied, and I think it has to be looked at more carefully before you just went and done it. So I would...

Julie Tyler: So where are the studies? Why aren't the GI boards maybe opting to look into this, do you suppose?

Dr. Joseph Fiorito: Again, our...the position of the GI community, which I belong to and agree with, is that hydrotherapy...

Julie Tyler: I just feel for the colon hydrotherapy community where they're...they'd love to see a study done. They're begging for it to be done, and where do those studies come from? They can't seem to get one.

Dr. Joseph Fiorito: Well, I'll do one as soon as I get a little extra time.

Julie Tyler: I know. That's what we all need, huh, is just a little extra time, but "Where are the studies?" There's curiosity, it sounds like, among the community, and, yet, the information that is currently out there, for example, The Danbury Study, the electrolyte study in Portland...doctors I've interviewed around the country in different locations albeit very few, but definitely a handful...are utilizing this procedure. And, yet, the information's not being disseminated among the professional GI community. How might that occur?

Dr. Joseph Fiorito: You mean for colonoscopy preparation or for other things?

Julie Tyler: Yeah, strictly for colonoscopy prep even if we were just going to address it on that level.

Dr. Joseph Fiorito: Well, I mean, look, I'm going to publish my electrolyte paper. I get calls weekly from various physicians around the country, and I will share my data and what I know.

Julie Tyler: Have you seen more interest?

Dr. Joseph Fiorito: Absolutely.

Julie Tyler: You have?

Dr. Joseph Fiorito: Yeah, there's more interest in our... in my practice. There's more interest in the calls that I'm getting. There have been more people coming out and looking at our set up.

Julie Tyler: You're talking about the colon hydrotherapy as being...

Dr. Joseph Fiorito: Correct.

Julie Tyler: ...As an alternative. Okay.

Dr. Joseph Fiorito: For colonoscopy preparation, right.

Julie Tyler: Yeah, and have you, yourself, seen your practice grow a little bit as a result of word of mouth...

Dr. Joseph Fiorito: We...

Julie Tyler: ...Like some of the doctors I've interviewed?

Dr. Joseph Fiorito: We've definitely been doing more, yeah.

Julie Tyler: I wonder if you might just comment on this idea of autointoxication. It seems to be kind of they linchpin that unravels the whole colon hydrotherapy argument, i.e., the contents...they're not really toxic.

The colon wall cannot take in these toxins, and circulate them throughout the body. So, therefore, colon hydrotherapy's not really important. It's not necessary. The body can do it all on its own. Do you have any thoughts on autointoxication?

Dr. Joseph Fiorito: Again, I have some data on colonoscopy...with hydrotherapy for colonoscopy preparation. If you want to ask me about the other stuff, I don't do hydrotherapy for that. I don't think you need to do anything extra to help your colon. I think it's-...the organ works well on its own. I don't think--

Julie Tyler: But, clearly, a lot of...the laxative industry...I mean, it's a \$500 million industry, and, apparently, one out of every three visits to the doctor seems to have something to do with a gastrointestinal issue or chronic constipation and these kinds of things. So if it's so common, then people's colons are not really healthy, and they're not functioning properly. So that's the question. Could it be a benefit to people?

Dr. Joseph Fiorito: I don't think that that...I don't think autointoxication is a...it follows that line of logic, and I think there are a variety of reasons for constipation just like there are a variety of reasons for many of the other sicknesses that we see in the Western world and other places. For example, if you go to Africa, you don't see the kind of bowel issues that we see here. You don't see much as much diverticulosis...

Julie Tyler: You don't see colon cancer.

Dr. Joseph Fiorito: You don't see...right. So, clearly, there are lots of other factors that play a role. Right? Those factors are going to be due with diet, the environment, social habits, genetics...so I mean, there are...so I don't see why we should have autointoxication here and not somewhere else. So,

therefore, I think that the way to handle those problems is to understand that the physiology...the mechanism, and to then treat them accordingly, and start by changing diet, changing lifestyle, and using whatever physiological laxatives are going to be able to help. And I don't...in my opinion, I don't think hydrotherapy plays a significant role here.

Julie Tyler: But if laxatives can help do the job and water clearly is doing the job on the level of the colonoscopy, couldn't somebody benefit if they've just had a sluggish, impacted colon over many, many years...just from a rehabilitation standpoint? Not necessarily that you'd have to keep getting it, but it's a muscle. It does get sluggish.

Dr. Joseph Fiorito: So why not just drink a whole bunch of fluid and clean your colon out? We know that works. We...90 percent or however many...75 percent of people who take Colyte and come for colonoscopy are completely cleaned out.

Julie Tyler: Right, but...

Dr. Joseph Fiorito: So why isn't that enough? So that's a lot safer and a lot cheaper than going to have a hydrotherapy.

Julie Tyler: But a lot of people would argue that these laxatives...that they're harder on the body. They cause the colon to kind of spasm. I just interviewed Dr. Gershon, of "The Second Brain" at Columbia, and I asked him about laxatives, and he said that they're not good for the intestinal tract. They're not good for the colon in terms of just the aggressiveness of those... they're more chemical-based.

Dr. Joseph Fiorito: Well, some laxatives are not good. There's cathartic colons...particularly some of the

stimulant laxatives, but we have good data that says things like Colyte or polyethylene glycol is pretty...

Julie Tyler: PEG.

Dr. Joseph Fiorito: ...Innocuous even over a prolonged period of time. We have data on elderly people who have used it for 6 months...12 months and that. We don't have data that says that says if you do hydrotherapy every...once a week that that's going to be a safe thing to do.

Julie Tyler: This is true. This is why I'm interviewing individuals not just on the level of the colonoscopy, but individuals who have found they are faced with health problems whether it's horrible psoriasis or autoimmune symptoms...joint pain, paralysis, cancer, perhaps acute like a cancer diagnosis and when those individuals finally decide, "Okay, I'm going to start investigating the toxicity level of my body, i.e., the colon in particular, and then having undergone a series of colonic irrigations, obviously, with some changes in the diet, there are being...they're rehabilitating themselves. And they're finding good health again without having to take medication or what have you. So that's why I'm obviously interviewing individuals. So I'm just trying to figure out if chronic constipation is one of the things that the colon cancer community attributes...chronic constipation being something attributed to colon cancer. They're saying 80 percent of it or 90 percent is lifestyle, then couldn't you rehabilitate your colon through a series of simple colonics if it's shown to be safe?

Dr. Joseph Fiorito: So I don't know what you mean by rehabilitate your colon...one. Number two, I'm not aware of any link between constipation or whatever is in the colon and autoimmune disease or the other. There have been studies done on colon cancer and constipation, and there is no clear link that constipated people get more colon cancers.

Julie Tyler: So it's just speculation?

Dr. Joseph Fiorito: So I mean, I just...

Julie Tyler: Isn't it pretty...

Dr. Joseph Fiorito: And I...

Julie Tyler: ...Accepted that about anywhere from 80 to 90 percent seems to be lifestyle? That's what they...

Dr. Joseph Fiorito: Why you get colon cancer?

Julie Tyler: Yeah.

Dr. Joseph Fiorito: I think the major factors in colon cancer boil down to diet and genetics, and genetics is probably more important than diet.

Julie Tyler: So is an impacted colon something that one should worry about? Do you see impacted colons... or I guess not because once they get the colonoscopy or the prep, it's very easy to clean it out, but what if people don't get that?

Dr. Joseph Fiorito: So you have to be careful when you're talking impaction...I mean, impacted colons are few and it isn't that frequent. I mean, we're talking about people who are getting hospitalized because... there aren't that many. But if we're talking about chronic constipation. We see that all the time, but I don't think hydrotherapy is one of the important things in our armamentarium to attack that. I...we would do it the way we just talked about.

Julie Tyler: Right. I mean, clearly, when you see people...and I'll let you go in just a second. For a normal functioning colon, any doctor who's worth his salt would say, "Yes, you should go a minimum of once per day," if not twice a day. That would be ideal, and your colon is a certain size...

Dr. Joseph Fiorito: Who told you that?

Julie Tyler: Several M.D.s I've interviewed.

Dr. Joseph Fiorito: Then you need to interview other people. We...

Julie Tyler: Continuing.

Dr. Joseph Fiorito: What is reasonable...a reasonable bowel movements is anywhere from three times a day to three times per week...give or take. There's no necessity to go every day. It depends on how the patient feels. If they're having symptoms, et cetera, et cetera.

Julie Tyler: But where's the food go? I mean, if it's not coming out, then you've had three meals on one day. Let's say you have three more meals the second day.

Dr. Joseph Fiorito: Okay.

Julie Tyler: And you only go the once.

Dr. Joseph Fiorito: It depends on how much fiber you're eating, and, generally, how...the amount of food you're eating. And your colon is a great storage organ.

Julie Tyler: Right. That's its number one function as... besides taking in...

Dr. Joseph Fiorito: So, yeah, I mean, so there's no data that says you have to go once or twice a day, but there is data that says...

Julie Tyler: There is data where they look at, as you brought up, communities in Africa, who eat more of a plant-based diet, but they are regularly several times a day...

Dr. Joseph Fiorito: Correct.

Julie Tyler: ...Eliminating in larger amounts...

Dr. Joseph Fiorito: Correct.

Julie Tyler: ...Whereas, you look at our western culture with the refined food and the standard American diet, that's not the case. And that's what...

Dr. Joseph Fiorito: So there's your answer.

Julie Tyler: But it's...

Dr. Joseph Fiorito: Start eating more fiber, plant-based foods, and you'll be going more to the bathroom.

Julie Tyler: Most definitely, but if it's been years, and all of that has already taken place, I just wonder if couldn't some colonics kind of be an innocuous way to, like I said, reorganize the colon in such a way that...it is a muscle. There is such a thing as muscle memory. For example, I interviewed a spinal cord injury patient. He had no motility whatsoever, and after they decided that digital extraction was not going to work for him...his father was a physician...referred him to a colon hydrotherapist, and in a matter of 10 sessions, his colon started to work again on its own. It regained its own

ability, and now he's going less and less frequently to the therapist. He's regularly eliminating, and he's walking, and he's driving now. Whereas, he wasn't able to do any of that. So, again, I wonder if this muscle can simply be stimulated through some water that's not under pressure and start that peristaltic motion.

Dr. Joseph Fiorito: I'm not aware of that.

Julie Tyler: Yeah, okay. I appreciate your... I really did come here to find out about the study, and it sounds like the study was successful, and the practice is growing. And you're fighting, and you're launching... hopefully, doing a couple of other studies that have to do with colonics.

Dr. Joseph Fiorito: Yep.

Julie Tyler: I really appreciate it. Thank you, Dr. Fiorito.

Dr. Joseph Fiorito: Sure, you can look at those.

End of DrJFiorito_trans.mp3