

Clinical Practice Guideline: Colonic Irrigation

Date of Implementation: February 9, 2006

Product: Specialty

POLICY

American Specialty Health – Specialty (ASH) clinical committees have determined that colonic irrigation is unsafe with a risk of direct harm, has insufficient evidence to establish clinical effectiveness, has a negative benefit:risk profile, poses a health and safety risk through a substantial risk of substitution harm, and is considered to be scientifically implausible.

Direct harm from colonic irrigation may occur through intestinal injury (e.g., bowel perforation) and/or infection from such injury or improperly sterilized equipment. ASH clinical committees further concluded that colonic irrigation for purposes other than pre-operative procedure(s), removal of fecal impaction, pre-diagnostic imaging, or treatment of inflammatory bowel disease, lacks sufficient documented clinical evidence and scientific rationale to be supported as an effective method of treatment. For more information, see ASH policy *Techniques and Procedures Not Widely Supported as Evidence Based - CPG 133 - S*.

PROCESS AND DEFINITIONS

When developing, reviewing, and approving clinical policy, ASH peer-review committees consider whether the technique/procedure:

- Is established as clinically effective by:
 - Scientific information published in an acceptable peer-reviewed clinical science resource, and
 - The consensus opinion of the Evidence Evaluation Committee (EEC) when available;
- Is professionally recognized by:
 - Inclusion in the educational standards accepted by the majority of the professions' educational institutions,
 - Wide acceptance and use of the practice, and
 - Recommendations for use made by healthcare practitioners practicing in the relevant clinical area;
- Poses a health and safety risk; and
- Is plausible or implausible
 - A belief, theory, or mechanism of health and disease that can be explained within the existing framework of scientific methods, reasoning and available knowledge is considered plausible.

- A treatment intervention or diagnostic procedure that requires the existence of forces, mechanisms, or biological processes that are not known to exist within the current framework of scientific methods, reasoning and available knowledge is considered implausible.

Substitution harm (indirect harm): Compromised clinical outcomes caused by:

- Utilizing a specific diagnostic or therapeutic procedure when the safety, clinical effectiveness, or diagnostic utility is either unknown or is known to be unsafe, ineffective, or of no diagnostic utility, *instead of* a diagnostic or therapeutic procedure known to be safe, be clinically effective, or to have diagnostic utility; or
- The utilization of a diagnostic or therapeutic procedure that is substantially less effective or safe than another procedure with established safety, and clinical effectiveness or utility.

Labeling effects (non-specific harm): The harm that results from identifying in a patient a condition or a finding that is not clinically valid.

Safe: The terms “safe” and “safety,” are used only with specific reference to the absence of direct harm. Direct harm would include any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure, and as such, the procedure would be considered unsafe.

Direct harm: Any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure.

Benefit versus risk profile: The relative effectiveness or utility of a therapeutic intervention or diagnostic procedure versus its potential for direct harm.

- Positive (benefits outweigh risks),
- Negative (risks outweigh benefits), or
- Equivocal (available information is inconclusive).

Description/Background

Colonic irrigation, also known as colonic hydrotherapy or colon therapy, began in ancient Egypt. Physicians of that time believed putrefaction of the stools caused disease. Practitioners today believe colonic irrigation removes toxins and accumulated fecal matter from the colon. A typical treatment involves placing the client on a special table where several gallons of purified warm water are slowly introduced into the colon via the rectum and circulated back out of the rectum. The therapist massages the abdomen to facilitate the release of stored fecal matter during the treatment. The process takes

between 30-45 minutes. Some practitioners add herbs, coffee, enzymes, or other substances to enhance the desired effect. The number of treatments will vary depending on the individual's response. A colon cleansing program with specific dietary modifications may also be recommended to support the treatment.

Practitioners believe “autointoxication” or the absorption of toxins produced by a stagnant large intestine can poison the body. Proponents of this theory view the colon as a sewage system that becomes a “cesspool” if neglected. By irrigating the colon, the body is said to be cleared of many toxins and subsequently functions in a healthier state. Additional purported benefits include clearer skin (because toxins are not backed up in the colon and no longer need to be expelled through the skin), more energy and mental clarity, and fewer headaches.

Evidence and Research

The published literature describes several uses for which colonic irrigation has been demonstrated to be of benefit. The most common use is for cleansing of the bowel prior to an imaging study of the bowel or adjacent organs. It is also used appropriately as a pre-surgical procedure, as a means of introducing medications, particularly antibiotics and chemotherapy. Less commonly, colonic irrigation is used as a specific treatment for bowel disease (ulcerative colitis, Crohn's disease), although this use is not well established.

ASH's review of the scientific literature identified one (1) relevant study for colonic irrigation used as a complementary and alternative medicine (CAM) therapy. Studies not published in English were excluded. Based on this review, the evidence for the effectiveness of this technique indicated the following:

- Systematic Reviews: Acosto and Cash (2009) describes a systematic review of the published literature of both the traditional and complementary and alternative medicine arenas that was performed in an attempt to qualify and quantify the value of colonic cleansing. The investigators concluded that there are no methodologically rigorous controlled trials of colonic cleansing to support the practice for general health promotion. However, there are many case reports and case series that describe the adverse effects of colonic cleansing. The practice of colonic cleansing to improve or promote general health is not supported in the published literature and cannot be recommended at this time.
- Controlled Trials: No randomized controlled trials evaluating the effectiveness of this technique were found. One (1) small study (n = 36) reported positive effects for colonic irrigation for regulating gastrointestinal hormone levels in patients with slow-transit constipation when compared with healthy patients (WANG Wei-ning, 2009).

Based on the review conducted, ASH is unaware of any published literature supporting the theory of autointoxication, such as studies demonstrating the physiologic changes resulting from colonic irrigation. ASH's review also did not identify any published literature on any clinical effects of colonic irrigation as a correction of autointoxication.

References

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