

**Julie Tyler:** So hello and thank you again for being here to do this. I really appreciate it.

**Dr. Roland Shepard:** My pleasure.

**Julie Tyler:** The plan started back in June, so it's just thrilling that it's finally October and I'm here to do this. Can you tell me your name and what your profession is?

**Dr. Roland Shepard:** Yeah, Dr. Roland Shepard, gastroenterologist here in Tampa, Florida.

**Julie Tyler:** I'd love to know where you went to medical school. Where was your training?

**Dr. Roland Shepard:** University of South Carolina in Columbia and then fellowship down in Tampa and that's where I am today.

**Julie Tyler:** And now for how long have you been practicing?

**Dr. Roland Shepard:** Just about 20 years out of fellowship.

**Julie Tyler:** Is there a particular area of focus for you?

**Dr. Roland Shepard:** I think right now a lot of it's Crohn's disease and irritable bowel syndrome.

**Julie Tyler:** And so a new area of focus that's kind of...you're pioneering in the way of implants and things like that, I understand, which you're welcome to talk about that at some point, but for our purposes, we are

going to definitely talking about the colonoscopy prep because I know that you're working here with Suzanne Gray and offering that as an alternative.

**Dr. Roland Shepard:** Sure.

**Julie Tyler:** I'd love to know what, if any, types of negative experiences possibly have your patients had, if any, with the oral sodium phosphate prep drink. Have you encountered them?

**Dr. Roland Shepard:** Yeah, and that's why I kind of searched for an alternative because there was a period where I had probably within two weeks I had three people with severe dehydration, nausea, vomiting from the oral preps and I felt that there needed to be some other way to do the bowel preps on these patients to avoid that and fortunately it was just serendipitous that Suzanne came along right around that time.

**Julie Tyler:** Right at that time...and these particular patients, did you find a certain theme as far as age or prior health strains possibly?

**Dr. Roland Shepard:** Yeah. Most of them were older. Most of them were women and in general they kind of describe themselves as very sensitive gag reflex. A lot of them had had prior colonoscopies, so the bowel preps had become something that at times had not even come back for their follow-up visits because of the symptoms they pretty much predicted would happen, so if they needed a colonoscopy five or ten years later, they weren't going to come back because of the bad experience the first time around.

**Julie Tyler:** Right, of an experience. So the common things that you hear in those types of cases are what as far as symptoms?

**Dr. Roland Shepard:** Oh, the worst is nausea and you get the calls at ten o'clock at night. I can't finish my prep and then you had to send them out to the drugstore, their husbands, and they got to go and purchase some other laxatives and frequently the next day that if they do show up, the prep is not good or they come in dehydrated. They can't start the IVs. So there are a lot of other issues there. They don't feel well after the colonoscopy.

**Julie Tyler:** And have you had any more severe cases where you actually had any kind of renal failure in the case of the OSP or no?

**Dr. Roland Shepard:** Well, I know a couple of our oral preps were taken off the market because of some renal failure issues a couple of years ago, which kind of limited our options. So another reason we needed another option for the patients like this, but I never had renal failure, but we did have at least probably half a dozen admissions for dehydration, nausea, vomiting just from the bowel preps alone.

**Julie Tyler:** Now conversely with colon hydrotherapy, have you experienced dehydration, renal failure, electrolyte imbalance, perforation, nausea, anything like that?

**Dr. Roland Shepard:** No.

**Julie Tyler:** Dizziness?

**Dr. Roland Shepard:** No adverse reactions at all. I think the one thing we have determined is that patients with very severe irritable bowel syndrome with lots of very high pain component just don't tend to tolerate the infusion of water. So we tend not to offer the hydrotherapy for those patients.

**Julie Tyler:** Okay. Yeah, I was just going to say is that a procedure that you can administer on a range of clients, I guess excluding definitely those more severe cases of IBS?

**Dr. Roland Shepard:** Yeah, there are a few...

**Julie Tyler:** What about high blood pressure, hypertension?

**Dr. Roland Shepard:** That's usually not a problem. The ones that we want to watch for are the people with fairly severe congestive heart failure because they tend to actually retain the fluid...

**Julie Tyler:** Arterial and atherosclerosis?

**Dr. Roland Shepard:** Arteriosclerosis can lead to congestive heart failure. People with kidney failure, we would not do. However, people with mild renal insufficiency, this is actually a better way to go because the regular bowel preps, the oral preps do tend to strain the kidneys a little bit.

**Julie Tyler:** Yeah, okay. How did you first learn of colon hydrotherapy? I think I know what your answer's going to be.

**Dr. Roland Shepard:** Well, it kind of goes way back when my sister-in-law was doing it in California and back then it was she was kind of in the holistic realm at that time and I believe I was actually in medical school. I didn't think much of it then, but when we were searching for an alternative for these people with the vomiting and the dehydration, it turned out that the proctologist upstairs at our center was using Suzanne for the bowel preps for him and I just happened...one of the techs, when they mentioned with a poor prep and a person who had difficulty with an oral prep, they said,

“Well, Dr. so and so upstairs is using this colon irrigation technique,” and then I said, “Well, how was the prep?” and they said it was great. It was just clean or better than the regular oral preps and that’s when I contacted Suzanne and that’s how we started that relationship.

**Julie Tyler:** So is this not something then that you came across? I was going to say did any of the professional GI boards...so you didn’t get any of this information from them? Not from ACG or ASGE, none of the professional boards?

**Dr. Roland Shepard:** No, but actually if you look at the ASGE recommendations or what they consider adequate alternatives for bowel prep, believe it or not the colon hydrotherapy is in there as an adequate recommended means of prepping the bowel for colonoscopy, which certainly opened up me to using it because it’s sort of like they’re giving us the blessing to go ahead with it. So it made it a lot easier to also recommend it to the patients.

**Julie Tyler:** Do you share then with other colleagues of yours, this protocol? Do you find that it’s something that there’s a growing interest?

**Dr. Roland Shepard:** Yeah.

**Julie Tyler:** You do see that?

**Dr. Roland Shepard:** I think they’re seeing some of the similar things that I saw with patient intolerance, people having to re-prep and nobody likes having to do that or canceling a procedure due to poor bowel preps. So we’ve actually had a trickle of interest. Now I think we’ve got at least three or four other doctors who are starting to send patients over to Suzanne and pretty much unsolicited. They heard that we were doing it and

they decided to try it out and they've continued to use her..

**Julie Tyler:** And these are GIs sending the patients over. So but you wouldn't say that it's broadly accepted across...

**Dr. Roland Shepard:** No, not at all.

**Julie Tyler:** ...The three professional boards...

**Dr. Roland Shepard:** Not at all.

**Julie Tyler:** They have a ways to go to actually before using particular therapy.

**Dr. Roland Shepard:** Oh absolutely. Yeah.

**Julie Tyler:** What do you attribute it to as far as why it's not more widely accepted and even known about? Is it the lack of research?

**Dr. Roland Shepard:** Absolutely. There's really been white paper, so to speak, on this and plus a lot of doctors nowadays still look at colon hydrotherapy as being somewhere out of the chiropractor's offices and holistic practices that a lot of mainstream medicine really doesn't recognize. So it's going to take a while for that to change and probably research will do it. The problem is just funding for studies.

**Julie Tyler:** Yeah. Where does that funding generally come from? The large amounts of financing that have to take place to get those types of peer-reviewed randomized studies. Where does the money...

**Dr. Roland Shepard:** Well, most of that comes from the pharmaceutical industry and there's really not going to be a drive from them to do this because there's really...the only place I could see it coming from maybe is the manufacturer of the colon hydrotherapy equipment, but other than that I don't see any money coming from any other source at this time.

**Julie Tyler:** The incentive really is not going to be there, I think, on the part of the pharmaceutical industry possibly.

**Dr. Roland Shepard:** Exactly.

**Julie Tyler:** Those are my words. Were you aware of the Danbury study then, the one with 190 patients?

**Dr. Roland Shepard:** Yeah, that was an abstract.

**Julie Tyler:** How did you become aware of that because it was my understanding at one point there was a presentation given to one of the professional boards, but the information didn't ever get disseminated and kind of...

**Dr. Roland Shepard:** Yeah, they never went on to publish it for whatever reason, but...

**Julie Tyler:** It was published in a Chinese journal, I think it was. I think one of the presidents I spoke to on the phone said, "Well, there you go. It was not a publication that we're familiar with or care about for that matter." I mean what is the difficulty to get something like that published in the journal of the American Medical Association?

**Dr. Roland Shepard:** Well, the person who did the study has to basically submit the final article for review

and possible publication and without the effort from them, it's not going to happen, but that's the big roadblock is money. It takes money to do controlled trials.

**Julie Tyler:** If you could point kind of to a percentage of people who opt for one prep or another in your practice, what percentage of those patients would opt for colon hydrotherapy?

**Dr. Roland Shepard:** Well, I kind of noticed we've been doing this for about three years now and it started out with me spending a lot of time trying to get them to consider it. As time has gone forward...

**Julie Tyler:** you saw some resistance from the patients because they didn't tell what it was?

**Dr. Roland Shepard:** Oh, I knew there'd be resistance. Yeah. And then I pretty much selected out in my mind the minute I walked in the room if they were going to be somebody who would be open to doing it and that would be somebody who's already done the colonoscopies before, somebody who's a little bit older, females. They tend to be much more open to it. The men, first go-round, rare that they want to do it. So I found myself not wasting the time because if you see there's going to be resistance, there's sometimes not enough time in the day to really basically spend that amount of time with them to educate them. As time has gone on, it's gotten easier and easier because what we're finding is we're getting a lot of referrals from gynecologists around town that apparently have heard about the hydrotherapy and are sending their patients and have basically switched referral patterns to me because we offer this and apparently there has been some conversation between the doctor and patient at that level about who's doing the best preps and somehow we got into the loop.



**Julie Tyler:** Yeah. You got in the loop. You sort of for whatever reason were labeled as being the doctor who was offering an alternative prep and...

**Dr. Roland Shepard:** Yeah and it's been a positive for the practice because the volume is increasing. We're getting new referral sources that we never got before because of the doctors learning about the alternative and then probably the biggest thing is patient referrals.

**Julie Tyler:** Word of mouth.

**Dr. Roland Shepard:** Yeah. People go and talk to their neighbor and they'll come here because they heard we're doing something different. Overall I'd say right now to be...my guesstimate would be 20 percent, 15 to 20 percent of my practice for colonoscopies is doing the hydrotherapy prep. It could be a lot more if I spent a lot more time with it, but again there's only so much time in the day and as we get busier and busier, plus my therapist has been booked out for at times over six weeks and then what happens there is if I can't use Suzanne then I'm booking people out two months and a lot of them don't want to wait that long. So some of them that she would've gotten are actually going to the old preps just because they didn't want to wait that long and I didn't want them to wait that long.

**Julie Tyler:** So it almost sounds like there certainly is room for additional colon hydrotherapists in the area.

**Dr. Roland Shepard:** Oh yeah. Absolutely.

**Julie Tyler:** There's no lack of need there and as far as from your perspective, do you see this as just as thorough or which method do you prefer?

**Dr. Roland Shepard:** I think it's...

**Julie Tyler:** Which offers the most thorough colonoscopy procedure?

**Dr. Roland Shepard:** I think they're very equivalent overall. What I found, though, is for the difficult ones, the colon therapist tends to be able to do a better job because the therapist knows when they're pretty much clean. The patient doesn't, so sometimes the patients will come in poorly prepped and it's not until we get in there that we realize that it's not an optimal exam whereas the therapist has ways of knowing when they feel like things are pretty well at the point we need them for the procedure. So I rarely ever have a cancellation with a colon hydrotherapy, which is not the case with the oral bowel prep.

**Julie Tyler:** The OSP drink?

**Dr. Roland Shepard:** Mm-hmm.

**Julie Tyler:** Have you or any other GIs in your practice who are using this as well?

**Dr. Roland Shepard:** Yeah, Dr. Heiman right here and then we've got maybe two or three other around town that I'm...

**Julie Tyler:** That you're working with who are also providing this. And what about as far as your practice, have you been documenting kind of your what I would consider success cases with this or maybe this kind of transition into colon hydrotherapy? Have you thought about publishing anything or presenting findings?

**Dr. Roland Shepard:** Again, the publication is a problem again with finances and all that. We document things through the procedure and how the prep is on the report. No real scientific studies, but I can tell you that I would say 95 percent of the people that do the

colon hydrotherapy are extremely satisfied. Probably 90 percent of the people who do the oral prep are *dissatisfied*. A huge difference and many of them will say I hope there's something different next time around or they'll say I wish I had gone with the hydrotherapy for the ones I did recommend it. So I see there's a transition going on. There's a little bit of a pushback. Some of the elderly people on fixed incomes. The cost of the hydrotherapy which is not covered by insurance, sometimes it's a dealbreaker for them and \$70 is extremely reasonable considering the bowel preps sometimes are that price at the drugstore that they have to drink the night before, so they're pretty equivalent, but sometimes they have insurance coverage and they might pay \$20, \$30, \$40 out of their pocket.

**Julie Tyler:** That was my understanding it was maybe somewhere in the \$30 range that they're responsible for.

**Dr. Roland Shepard:** So there may be a difference of about \$40 between the two.

**Julie Tyler:** But if you're not educated and you don't know what the benefits are, you may just opt for...

**Dr. Roland Shepard:** If it's totally financial, they'll go for the oral prep.

**Julie Tyler:** Absolutely. What is the number of colon cancer deaths per year in this country? Do they have a number?

**Dr. Roland Shepard:** Yeah, it runs around...the last I checked was about 44,000. They may have gone up. The last time I checked was about 40,000.

**Julie Tyler:** Is it true because this is what I've read that only five percent of colon cancer is actually genetically indicated.

**Dr. Roland Shepard:** Mm-hmm. Yeah, most of it's random.

**Julie Tyler:** Yeah. And is it also true in your findings or what you've come across that 80 percent of people who get colon cancer have suffered from chronic constipation? Is that something you're finding?

**Dr. Roland Shepard:** I'm not sure I'd agree with that number. They might be a little bit more prone to it. Yeah. There are a lot of other risk factors out there, but chronic constipation, I'm not sure I would latch onto that as a high risk.

**Julie Tyler:** What do you suppose are the other major things that...

**Dr. Roland Shepard:** Cigarette smoking definitely, heavy hard liquor use, poor diet with very low fiber diets, high fat intake, obesity, lack of physical exercise. Those are all things I see. Probably smoking's the highest that I've seen.

**Julie Tyler:** As far as a high fiber diet, you see this recommended all over the place and it has been for years. What would you cite as being the main reason for the recommendation of the high fiber diet? Is it for motility purposes? Is it for transit time? Is it to move the contents out of the colon?

**Dr. Roland Shepard:** There's a lot of controversy on the use of fiber. We used to quote that it helped reduce the risk of colon cancer and then newer studies show that it really didn't. Then there was some data suggesting it would help prevent diverticulitis and they

come out later and said well maybe it doesn't really do that. I think you're right. Probably motility is one of the biggest reasons, especially in the elderly. Fiber is a place to start with constipation and sometimes even for diarrhea...to help out.

**Julie Tyler:** I've read where there were doctors who were working in Africa in 1911 and they were seeing hundreds and hundreds and hundreds of patients for over 20 years and keeping records of these patients and finding seven cases of cancer in these enormous populations and when you look at the diet, you know what I mean? And the natural fruits and the vegetables and the unprocessed food, you can certainly ask yourself...you can kind of start there with that high fiber question and...

**Dr. Roland Shepard:** And that's how a lot of our...

**Julie Tyler:** ...Foods and rocket transit time. I mean that's what you see.

**Dr. Roland Shepard:** Yeah and that's where a lot of our theories came from. We saw almost no diverticular disease in these patients, minimal colon cancer, so that's where a lot of the theories behind the high fiber diets and a reduction in colon cancer deaths, but then when they looked at it a little bit more closely, granted we're looking at different populations. There are a lot of other variables there, but I have to admit I think that high fiber is the way to go for a lot of different reasons and I recommend it to pretty much all my patients.

**Julie Tyler:** And I guess the questionable link is, is it because fiber promotes rapid elimination? I say rapid. I mean proper elimination.

**Dr. Roland Shepard:** Yeah, you want to get the toxins through and out and I think it's a way to do that.

**Julie Tyler:** Yeah, which is a great segue into what your...this debate on autointoxication that rages on? Do you have thoughts on that one way or the other? Why is it such a touchy point?

**Dr. Roland Shepard:** The problem is again lack of scientific proof. If there was a lab test to measure a certain toxin say before and after colon cleansings or whatever detoxification, it would be a lot more acceptable by mainstream medicine, but as of right now they look at that term detoxification, autointoxication as again, kind of in that holistic realm and a lot of doctors really don't buy into it. Certainly I think when somebody hasn't gone to the bathroom for one to two weeks, clearly their skin looks worse, they feel bad. Even though there may not be a measurable blood test, I think there is some level of toxicity in that patient, but those are the restraints. So as of right now I have to kind of keep my opinion on the fence. I believe there is something there. I don't think it's measurable yet. Probably someday there will be a measurable test in terms of certain toxins that need to be eliminated.

**Julie Tyler:** Certainly. How does early screening for colon cancer and an early diagnosis affect survival rates?

**Dr. Roland Shepard:** Oh, it's huge. It's huge. We try to get people before they're even diagnosed with cancer. When we get them at the adenomatous polyp stage that's the best of all worlds because those adenomas, there's a chance some of those will go on to cancer and with removing those it's a 15-20 minute test and it's done. If you get into small cancers, there may need to be a resection and then if there's any kind of spread through the wall then you're looking at chemotherapy and further therapy. So clearly the earlier you get somebody, the better the prognosis long term.

**Julie Tyler:** Do you think that it's odd in a way that at an older age, at 50 when you're recommended to get screened, that's kind of the magic number anyway, that suddenly there's a lot of emphasis placed on the colon? You wake up one day and suddenly your colon has become a very important part of your body and yet what about 15-20 years before that? Do you think that there could be a little bit more emphasis placed on it throughout one's life?

**Dr. Roland Shepard:** Sure, sure. I think we don't spend enough time on prevention and that's obvious and I think for our healthcare system in general we need to spend a lot more of our healthcare dollars on prevention and education and I think it'll pay off much bigger down the road, but if we had all the money in the world for screening, we'd start at 40 and even then we'd miss a few because colon cancer does occur clearly in the 40s and sometimes even earlier than that, but right now we barely have enough resources to cover the 50 and above.

**Julie Tyler:** One of the advisory doctors on the board of the National Colon Cancer Alliance recently responded about colon hydrotherapy that they're really not on the pro side of this, of colonics for colonoscopy prep and they cited many bacteria in the colon that may be flushed out which would result in negative consequences and I just was wondering how you would respond to that knowing that the Colon Cancer Alliance, their main theme is screening and prevention.

**Dr. Roland Shepard:** Well, I think there's a lack of really understanding on their part. Clearly there are people that I get who will do the colonoscopies because of the type of prep, the hydrotherapy, where they would not do the oral prep. So we're gaining some people that would normally be missed. In terms of flushing out the good bacteria in the colon, the oral preps are much more aggressive in terms of flushing out any good bacteria. What people have to understand is there are

no chemicals involved in colon hydrotherapy. It's simply highly filtered, body temperature water that's used to irrigate the colon and you're going to have much less, I think, injury to the colon. I've seen many times where the oral bowel preps will actually create a type of colitis in the colon that you will not see with the hydrotherapy. Not that it really causes a huge problem for the patient, but you see mucosal damage after some of these preps. So I personally think if you have a well-trained colon therapist to perform these bowel preps that overall it's a healthier way to prepare the patient.

**Julie Tyler:** Yeah. And what's interesting to me is if healthy bacteria is so important for the digestive tract and in the colon, why do you suppose that doctors, many doctors, are so quick to prescribe antibiotics that eradicate that good bacteria?

**Dr. Roland Shepard:** I think it's just starting that we're having such a problem with C. diff, Clostridium difficile colitis which is a result of using too many antibiotics, hospitalized patients on antibiotics, I think doctors are starting to try to cut back on the frequent use and maybe overuse of antibiotic preparations, but I don't think it's really caught on yet and I think the C. diff problem is only going to get worse and it's going to become more resistant. The big problem with C. diff now is resistance. A lot of times it doesn't respond to the Flagyl, the first line therapy, and the second and third line therapies are extremely expensive and sometimes don't work.

**Julie Tyler:** Do you think colon hydrotherapy has other applications or do you kind of strictly see it as beneficial only for the colonoscopy prep?

**Dr. Roland Shepard:** Well, at first I did think it was just for the bowel preps, but I'm starting to see through Suzanne's patients that there are other people out there that go once a week. These people are miserable and



this is one way that they get some relief. I'm sure she has other indications and then the other thing is the new topic of fecal transplantation. Again, in line with the C. diff discussion...that is probably going to be one of the ways that we infuse or do the transplants is through colon irrigation. So, I see that as another tool that we can use in patient care.

**Julie Tyler:** Do you want to talk a little bit about the fecal implant just to get an idea of what...because I don't even really know exactly what that is. It's a restoration of some sort, I'm assuming.

**Dr. Roland Shepard:** Yeah, I mean it's been going on for probably 40 or 50 years or more, but some of the small studies that have been done. Certainly in C. diff it's like a 95 to 100 percent success rate. People who are resistant to the Flagyl, the vancomycin...

**Julie Tyler:** These are antibiotics where they're not longer effective in those particular...

**Dr. Roland Shepard:** Right. These people have been on antibiotics. They developed...basically what happens all the good bacteria is killed. The C. diff is in the colon and many people in very tiny numbers it is allowed to take over. It creates a very serious diarrheal illness with very serious colitis sometimes ending in removal of the total colon or death whereas something as simple as fecal transplantation, you basically have a donor, usually it's a family member. They're screened for any infectious agents such as parasites, bad bacteria, and that stool sample is used, processed, and implanted into the patient and the numbers are pretty amazing for the C. diff colitis patients, but we're also seeing some major benefits in ulcerative colitis and possibly Crohn's, colitis as well. A lot of those studies are going on right now.

**Julie Tyler:** So what you're doing is you're reestablishing the population...

**Dr. Roland Shepard:** Exactly.

**Julie Tyler:** In simple terms of the bacteria that's healthy and supposed to be there to break down...

**Dr. Roland Shepard:** Exactly.

**Julie Tyler:** ...Which managed the last stage kind of of digestion.

**Dr. Roland Shepard:** Yeah. You just have to realize that the colon has trillions of bacteria and the stool and the transplant that you have trillions of different bacteria, probably a thousand different species, many which we have not even isolated yet, and a lot of those probably have benefits that we're not even aware of yet. So by transplanting the entire...we call it a human probiotic transplantation, you're basically taking the probiotics from one person, putting them in another, and we're seeing some major benefits.

**Julie Tyler:** And just to point out even on TV during primetime we're starting to see ads for Activia and people are starting to go, "Oh, it's important for me to eat yogurt." This is why. This is why...because there's a very complex biosphere that is going on there and if it's disrupted then you can be in serious trouble. We sort of covered the autointoxication question. Do you think that the American Medical Association or any of the three GI boards would eventually really adopt and endorse this therapy if it gets...

**Dr. Roland Shepard:** I think so. I think it just takes time and it may have to start at the grassroots level like it is now and move between practices and move upstream. I think it's going to be really hard without

significant funding to get a big study together to put something in a major journal. I think it'll happen. It might come out of Europe. It might come out of Australia. I don't know. It may come out of America.

**Julie Tyler:** As far as the studies that are coming that are going to be...

**Dr. Roland Shepard:** Yes.

**Julie Tyler:** I see.

**Dr. Roland Shepard:** I think sooner or later we'll see some big studies coming out probably at the university level.

**Julie Tyler:** And at that point that might be what kind of gets them, profession-wide behind...

**Dr. Roland Shepard:** Exactly.

**Julie Tyler:** ...Behind the therapy. So I just was wondering outside of colonoscopy prep, do you see colon hydrotherapy as having other applications in different areas or are you seeing ways to integrate it even on a different level?

**Dr. Roland Shepard:** Sure. Yeah, we've had a few instances where we've used the colon irrigation equipment to infuse medications, for instance. In colitis patients we've used it to administer certain types of steroid medications and mesalamine-based medications, which have been very effective and also probiotics. You figure how many probably millions you lose transiting the intestinal tract by the time it gets through the stomach, small bowel. When you put it directly into the colon with the colon irrigation equipment, I think survivability of those organisms is

much higher and we're getting good results with that as well. And there are probably many more applications, but that's what we're using at this point.

**Julie Tyler:** And I had one other question about earlier we were talking about parasites. You kind of touched on it. I forget why, but when you have that vantage point, do you see people suffering from...how prevalent are parasite infections with people? Do you see that?

**Dr. Roland Shepard:** Well, the most common one is probably Giardia and usually we don't see that during a colonoscopy.

**Julie Tyler:** Because of the prep? It's flushed out?

**Dr. Roland Shepard:** There are tests for it. Because the prep plus they're small enough that we really wouldn't see it. It would have to be at the biopsy level or at the cytology level. We have seen a few parasitic worms and so forth, but it's rare. Much more common probably in the Middle Eastern countries, but...

**Julie Tyler:** Raw fish I know is a big contributor to...

**Dr. Roland Shepard:** Yeah, with the sushi and...

**Julie Tyler:** And when you think about the populations even here in this country of people who, like myself, eat sushi on a regular basis. What about tapeworm? Is that something that you come across?

**Dr. Roland Shepard:** I have not seen it. I've never seen it in my practice. It's out there, though.

**Julie Tyler:** Do you think that colon hydrotherapy... obviously that's not your focus, but do you think that it

might have a benefit that it would benefit a GI tract with parasites?

**Dr. Roland Shepard:** I'm not sure I can answer that right now, but I would say questionable at best on that one.

**Julie Tyler:** It's a multilayered problem I think, actually. Okay.

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