Julie Tyler: Introduce yourself and tell me a little bit about your practice and where we are.

Dr. Stephen Reisman: Okay. I'm Dr. Stephen Reisman, and I've had a medical practice that's kind of off the beat and path for the last 22 years. I realized early on in my medical career that I needed to have a situation where I was able to interact with people with enough time to get into the different factors in their lives, to speak with them in a way that they felt listened to and also to give them options that they were not necessarily being exposed to in the mainstream. So with those two basic motivations I opened my practice and have been watching it evolve over all these years.

Julie Tyler: How did you start out?

Dr. Stephen Reisman: Actually when I was in medical school I became very excited about ophthalmology, and I thought I wanted to be an eye doctor. I was fascinated by the physiology of the eye, how the brain can make a picture of the world for us to see, and I became very, very involved in ophthalmology. But what I was later going to learn was that the clinical practice of ophthalmology was not really what I wanted to do. As fascinating as the science of the eye may be, it was not really where I wanted to be clinically. Clinically I wanted to have connections with people and talk about their lives and talk about all the things that they needed to know to make changes in their lives. I mean, that's what does it for me…to see changes in people's lives.

Julie Tyler: Was there a point in your career that you felt separated from the patient, or did you start off your practice delving into somebody's lifestyle?

Dr. Stephen Reisman: Well, the way I really became in touch with feeling separated from the patients was

when I was a resident in ophthalmology, and on a typical clinic day we would see 40, 50, 60 people that were in all these different exam rooms, and I would with the other residents go from room to room and examine people's eyes and give them prescriptions, and I was having zero relationship with anybody. And it was fine if one is interested in clinical ophthalmology, examining the eye, treating the eye. It's a very valuable clinical specialty to engage in, but for me I just felt completely...

Julie Tyler: Detached.

Dr. Stephen Reisman: ...like not being utilized, not being involved, not being part of a clinical process, a process of seeing someone improve and undergo changes. And so I just realized that I needed to have an entirely different type of medical practice, not only more general, meaning not only dealing with the entire human body and the person's health, but also having the time that I could really interact with someone and have a relationship.

Julie Tyler: What kinds of symptoms do your patients come to you with?

Dr. Stephen Reisman: Well, the common thread that runs through all of my patients is that they're looking for something that they haven't found in the mainstream or that they want to start looking outside the mainstream in the first place. So I see absolutely every type of clinical picture except for a dire emergency. So of course I don't do surgery, and I don't have an emergency facility, but apart from that everything from skin problems, psychiatric problems, digestive problems, female problems, every problem that a person comes upon medically or is a health issue. Unless it needs an emergency facility or it needs surgery, then we generally see it here and have really valuable contributions based on what I've seen to what the patient is already knowing.

Julie Tyler: Because you come from the standpoint of treating the whole body you probably are stepping in as the role of a specialist too.

Dr. Stephen Reisman: Well, I often am stepping in the role of a specialist because the person is coming to me with a particular problem. Most people who come to me, maybe I would say even all of the people that come to me, they don't come because they want a general physical exam. They come because they already have a known symptom, a known diagnosis. Something has already become clear to them that is a problem, and they want my involvement to deal with it. So it will be sometimes something highly specialized. A person will have a very localized problem. But usually it's a very general thing even if they've been given a specific diagnosis like rheumatoid arthritis. Well, I'm not going to be interested only in the inflammation in their joints. I'm going to be interested in all the different aspects of their body chemistry, of the stresses on them, all the different things that will lead to the body manifesting joint inflammation.

Julie Tyler: Do you often see patients on many medications? How do you react to that? What's your advice at that point?

Dr. Stephen Reisman: Well, as with the generally broad spectrum of people I see, some of the people I see are on many, many medications. I've seen people on as many as 15 or more prescription medicines when they first come to see me. Needless to say, this is the beginning of a long process of changing their health, gradually getting them off the medications whenever possible, and usually that's what they are wanting. It's very uncommon for a person to come to someone like me and say "I want to stay on my prescription medicines." Why would they come here in the first place? So I see, again, a very broad spectrum of people. Some people are on no medications and are very dead set against prescription medicines, and other

people are dependent on very many medications, so it goes in all directions.

Julie Tyler: Conventional medicine doesn't believe in colonics to detoxify our bodies. Do you have any thoughts off the bat about that argument?

Dr. Stephen Reisman: Well, my first thought about the whole general philosophical approach is that we, of course observe that in medical training there really isn't any education about *preventive* health, about principles of remaining healthy, principles of preventing the onset of disease. And so the orientation of a doctor like myself, mostly that's what I'm interested in. Most of what I'm interested in when a person comes in with a particular diagnosis is, "What are the factors that are at the origin of the formation of this disease?" So rather than start with a disease and say, "How are we going to control the symptoms?" or "How are we going to keep you functioning?" I want to know, "What is at the root of this? What are the stresses, what are the dysfunctions in the body, what are the underlying factors that came into play that took this person from healthy to not healthy?"

Julie Tyler: Is it at that point that you ask about the body's ability to detoxify itself?

Dr. Stephen Reisman: Well, it's always a focus when I'm speaking with someone about *whatever* illness there is, ie. to look at the factors that are leading up to the illness. And so the digestive tract, as many of us now know, is the source of a tremendous potential for either health or illness. And from the top to the bottom of the digestive tract there are all kinds of potential for things to be out of balance. So we're *always* going there. I often relate the functioning of the digestive tract to the liver, because when the digestive tract is absorbing toxins to a large extent they'll get shipped over to the liver, and then the liver will become

overburdened, and that accumulation of toxicity and burdening of the liver will set us up for an immune deficiency and all different types of medical problems.

Julie Tyler: Was it your understanding even in medical school that the body could create stones in the liver, or are those only found in the gallbladder? Was that discussed in medical school?

Dr. Stephen Reisman: I don't recall. Now, this goes back many years, but I certainly don't recall any mention of stone formation in the liver. Cysts, tumors, different things can happen in the liver. Stones are generally understood as occurring in the gallbladder.

Julie Tyler: What is your thought on the range that's considered normal elimination? What issues with constipation do you see in your patients?

Dr. Stephen Reisman: Well, what is constantly both amusing and discouraging to me is that when people come to see me the discussions I have with them about their health, including their digestive health, have never taken place in any other medical office. The discussion of bowel frequency or the whole digestive apparatus, the elimination apparatus, according to what I hear from my patients this is new territory for discussion, and they generally *do not have discussions about the health maintenance functions of the body with their doctors*. As I said earlier, conventional medicine is basically about the pathology that has happened and how it can be controlled and how the patient can be assisted in dealing with this pathology, but as far as exploring the underlying roots, it never goes there in its whole philosophy. And so the education medically in medical school is not geared towards that either. Now, in all fairness, I think we need to understand historically where we've come from in our medical history. In the past 100 years or so when there have been terrible outbreaks of illnesses that no one understood and all

kinds of traumatic episodes from wars…when a person comes to a doctor with all kinds of mysterious, life-threatening situations it's usually a situation where things dramatically need to change. A person's life and welfare needs to be addressed, and so that's how our medical care system has evolved from kind of an emergency or at least a serious illness standpoint. Now in this past few decades there is all this growing awareness about preventive medicine and maintaining health and the degree of wellness you have, not just the degree of illness but the *degree of wellness* you have. All of these topics are relatively new, and so we have a medical care system that is still kind of a MASH unit, still kind of a war zone kind of a facility with which to deal with these dire circumstances.

Julie Tyler: When you are having that conversation about elimination with patients how do you introduce this idea of colonics? What role do colonics play in your treatment of the patient?

Dr. Stephen Reisman: Well, the whole topic of colonic irrigation, as you might imagine, is not the most comfortable for a lot of people and I have to be careful in maintaining a comfortable relationship with the patient. I have to be careful what things I bring up and what's going to either be okay with them or intimidate them. Now, it's fairly common for me to talk about colonic irrigation, mostly because I'm speaking about the digestive tract. Now, some people are thinking that when they have a bowel movement once a week or once every two weeks that, well, they don't go very often, but they're not really seeing that as a problem. And so one of the first things I have to impress upon them is that what is going on week in and week out, year in and year out for decades is definitely having an impact on your health and setting you up for either health or illness. And so once I impress upon them that what has been happening over the years is *so important*, then we can move into how to change the situation and how to begin to allow the body to get rid of what it's been wanting to get rid of for all these years.

Julie Tyler: I've been told there's no such thing as impaction, and this is provable through colonoscopy. Do you have any thoughts on this idea?

Dr. Stephen Reisman: Well, first of all, to be accurate, the term "impaction" in medical circles really refers to accumulated stool someplace in the colon, usually lower down in the colon, and it's such an extreme form of constipation that they need to be disimpacted, that is, there needs to be a physical mobilizing of stool material because no matter what they take by mouth or whatever else is done it's just beyond that approach.

Julie Tyler: So it's an actual mechanical issue, and once you overcome that obstacle in theory you're all better.

Dr. Stephen Reisman: Right. And so, for example, if a person has been in a car accident and now they're lying in a hospital bed and they're on lots of antibiotics and their whole body is not mobilized and perhaps they're not eating much. So given enough time there may often develop an impaction, and so they will require disimpaction to loosen that up. But that's fairly unusual, and I would say I don't see people who have impaction problems. I just see people who have very sluggish bowel activity, and they notice a difference when that changes.

Julie Tyler: When you have this conversation about eating and elimination patterns do you see a light bulb go on in your patients' eyes?

Dr. Stephen Reisman: In the best of circumstances that people become actually kind of almost inspired that "Oh, maybe that's been my problem all these years." And whenever I can enlighten someone to look at things in a new way and start to get an idea of what needs to change so that their health changes that's always a major triumph. Now, the toxicity that people

often talk about, colon toxicity…now, I don't know what is found during colonoscopies. I don't do colonoscopies, and I often hear, as you have said, that a gastroenterologist will do a colonoscopy and say "I don't see collections of stuff all over the place." So my first suspicion about that is that I don't think that we see everything there is to be seen. I think that storage of toxicity can be a subtle thing. There can be folds in the mucosa. There can be different layers below the most superficial layer. And I guess the reason I am a little bit prejudiced in the way of this is that what I've seen when people *have* had colonic irrigation is they can really notice some improvements that we have to attribute to something. Why are they getting better? Because we do see that people get better from a series of colonic irrigation. It's something I see in my patients, so I have to begin to say "Well, how does that fit with the fact that the gastroenterologist says `Well, there's nothing in there'?" So another thing I think about is the fact that the colon is a very large muscle in the bottom of the trunk of the body, and if we think about the fact that all of our muscles have the potential to retain tension and basically have bottled-up energy, then we can begin to see something else that might be happening during colon hydrotherapy, which is that this giant muscle that's never really moving all that much…even when we have a bowel movement, as we call it, it's not like a tremendous amount of movement is taking place. The rectum is expelling feces, and that's pretty much what it does. Now, in a colonic irrigation procedure when there are volumes of warm water going in and out of the colon there is this using of this muscle that's generally underutilized. And when I think about health and illness, as I said earlier, I'm always looking for underlying roots of things. And in my own kind of personal search or philosophy about these things I try to think about all the different factors and all the different underlying issues. So most of what we're probably speaking about is a chemical issue about chemical toxicity. Then we have to think about the biological realm, which is the interaction of different organisms. So all of us have very important relationships with all the bacterias and viruses and funguses and all the different other

independently living organisms that are in our bodies, and there's a whole ecology to what goes on within us, and so that's kind of a biological realm. Then there is the whole *mechanical* realm. There is mechanical energy flowing through the entire body, which is why people do well to have different forms of physical therapy and all the different bodywork types of things that are so valuable. Well, that's because there is a mechanical or structural reality to our entire health, and so that's what I was referring to a moment ago about the mechanical aspect of the movement of the colon. One of the factors is our mechanical or structural frame and connective tissue, and the colon is a tremendous piece of connective tissue in the body.

Julie Tyler: How does that relate to children with autism?

Dr. Stephen Reisman: So in the case of something like autism where a person is suffering because of being disconnected from their physical reality, from their physical world, of which their own physical body is their way of connecting, this is an opportunity, because the more that we can get them in touch with the sensations and the functioning and the awareness of their physical body, the more they're going to be aware of their connectedness with the world. And this kind of brings up something. I was thinking about our time together earlier today, and I wanted to bring out something that's a little bit philosophical, but I think it's important. One of the most if not *the* most problematic philosophical issues with all of modern science and modern medicine is that there is a *splitting* of the mind and the body, and it has *repercussions* in just about every area of healthcare. And so if we think of a person as a mind in one place and a body someplace else or somehow a disconnect between the mind and the body, well, then we are already treading on shaky ground, because this is just not the *reality* that we are. There is no mind-body *separation*, and so in the case of something like autism, which is such a really valuable way to focus on this… autism is such a really dramatic, dramatic example of

someone whose mind and body are seemingly in two different places. And so anything that we can do to promote the integrating of those, to promote the experience of the individual as being one thing rather than two separate things is going to be in the direction we want to go. So bowel function is such a grounding, rooting kind of a basic part of our survival, part of our awareness of our bodies that the whole impact of colonic irrigation…it's only *logical* we would expect it to have that kind of a contribution.

Julie Tyler: Not to mention that many people with autism have major obstacles with their bowel functioning.

Dr. Stephen Reisman: Right, and we would kind of expect there to be an issue with bowel functioning if a person is largely ungrounded, largely kind of almost disembodied you might say, that their mind is functioning away from their body or is somehow disconnected. We would almost expect the fact that the body is not going to really function, because it's not getting the attention, it's not involved in the person's processing. The person is living in some other world, and so the body is basically being neglected.

Julie Tyler: If people understood that the bowel is like the *second brain* they would understand how that disconnect would manifest in autism.

Dr. Stephen Reisman: Yeah. And one of the big breakthroughs that will perhaps somehow take place is for all of us in Western medical science to begin to understand in detail about the innervation of the bowel, the connection between the bowel and the brain. The whole unification of the person as one thing, that will make all the difference in the world, but we haven't gotten there quite yet.

Julie Tyler: Do you talk to your professional peers about digestive wellness, colonics and the colon? What are their reactions?

Dr. Stephen Reisman: Well, I generally really have very little interaction with the rest of the medical community. I don't get many referrals, and most of the patients that come to me are not really interested in being referred to other specialists, although sometimes they have to be because of their medical issues. But I would say that my interactions with colleagues are more with more holistic-minded people than the mainstream medicine people. But when I have had discussions with specialists such as gastroenterologists the discussion is usually kind of limited to very clinical events, very kind of immediate, superficial things about how, for example, are we going to get this person's digestive system to stop creating ulcers or something along those lines. But it doesn't ever in my experience go into these underlying issues about the formation of illness *versus* the formation of health and how the body works and how the whole system attempts to balance itself. These are really more issues that I talk about with colon therapists or massage therapists or just all different types of healthcare people that are not mainstream medical doctors.

Julie Tyler: How important do you think the colon therapist is to the issue of healthcare and wellness? What's it going to take for conventional medicine to recognize these people as offering something that's valuable? Does the demand first come from the patients?

Dr. Stephen Reisman: Well, not to be cynical about it, but my best guess is that it will be a demand from the *patient* population that will change the system and change the emphasis. And that in and of itself is going to be a task, because generally we as a culture are not all that comfortable talking about functions of the pelvic part of the body, whether they are elimination or sexual

or whatever. Those are kind of things that we don't talk about all that much. So if we as a population can become more comfortable with the functioning of all of the body, not just parts of it, and if we can begin to engage in this discussion about optimizing digestive functioning and optimizing the use of the colon and the importance of the colon from all these standpoints, as I was saying before, whether it's biological or chemical or structural or from whatever kinds of standpoints we're coming, if we can begin to see this as something of *importance*, then it will gradually create a shift. And maybe we're heading in that direction. As I said earlier, it's kind of exciting to see this explosion of interest in health and prevention, which before we never heard much about because it was all these mysterious illnesses and these terrible traumas and things that were just so occupying of our attention medically. And now everything seems to be shifting, or at least to some degree in many of our minds it's shifting towards "How can we live more fulfilling lives? How can we honor our bodies, live in our bodies?" It maybe is something that we're heading towards.

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