Julie Tyler: Please introduce yourself and tell me about your work and background.

Dr. Chonita Holmes: Okay. All right. Hi. My name is Chonita Holmes, and I'm a diagnostic radiologist. I grew up in New Mexico, so we've always been into health and the open air, the open spaces. I did my residency here in Los Angeles, so we decided to stay here because I like the climate and the whole health nut kind of a scene. And I went into radiology because I like taking pictures, seeing the human body, looking at the anatomy and making the diagnosis. So I've always been a healthy person. I used to run track, and I've always been athletic, and I realize that keeping your health and trying to keep your body clean I always felt better. So I finally had met someone who was into the holistic type of lifestyle and medicine, so I went to a conference in Pasadena, and I met some naturopathic doctors, and I kind of started learning about it. And then through them I eventually was hooked up with the colon therapist, and so I've been doing that ever since. So it's been about 10 years now that I've been doing the therapy, recommending it to my family members and people, patients that I see, certain conditions. If I do diagnose a cancer a lot of them will say "Well, Doctor, is there anything I can do? Can I eat anything?" I say "Well, first of all, just try cleaning out the body." So I do mention the colon therapy, plus cleansing other organs, so...

Julie Tyler: What is your training? What focus was placed on colon health in your schooling?

Dr. Chonita Holmes: Mm-hmm. Well, I went to school at the University of New Mexico in Albuquerque, and they did place some emphasis on the colon. I remember when we were studying the colon and they talked about how that's the main way that the body eliminates wastes and everything, and so we learned about how the blood supply goes through the colon and how everything goes through the blood into the colon and then out, becomes solidified and then out of the body. So there was a big emphasis placed on that.

Julie Tyler: Did they also talk about the lymphatic system and nodes?

Dr. Chonita Holmes: Yes, they talked about that, and they talked about the main lymphatic system, the cisterna chyli, which is in the chest, which…everything sort of comes there, and then it also drains out the rest of the body. So the lymphatic system was very important.

Julie Tyler: How important is the lymphatic system as far as a bridge to the liver and the way those things work together?

Dr. Chonita Holmes: Well, the lymphatic system is a bridge to every organ, but as far as the liver, the liver's one of the main eliminators of the body as well. So everything goes through the main cleaner. The liver is sort of like a pre-cleaner. It cleans out the blood and everything, and then the colon gets rid of the solid waste. So it's very important to have because we have certain…they're called lymph nodes. These are like little knots that are at certain locations in the body, all of the joints and what have you. They're all over the body. They're very superficial. So it's very important to keep that system unblocked, and when you have surgeries and things like that you could get scar tissue and blockage, so you won't have the drainage that you normally would have.

Julie Tyler: If somebody is suffering from a colon that is not functioning as well as it could be, is there more stress placed upon the liver and those other organs?

Dr. Chonita Holmes: Yes. Everything sort of backs up, and it's like...You asked if the colon is diseased or gets plugged or backed up, does that place more stress on the liver? Yes, it does. The kidneys as well. You can develop back pain, pain in the right upper quadrant where your liver is, pain in the pancreas in the mid-abdomen, stomach. Everything gets backed up. And I've seen things so backed up people end up with vomiting issues and things like that when they have blockages.

Julie Tyler: Do you have any idea from talking to other doctors whether they received similar schooling about the importance of the colon and the eliminatory organs?

Dr. Chonita Holmes: Well, do I see discrepancies in training versus the traditional way of medicine versus the alternative or more holistic medicine? Yes, I do. Most people that are in the traditional Western medicine, in general they're not that interested in the holistic part of it, although I do see some bridges being formed right now in that. But it's still… especially where surgeons are concerned they still want to do the surgery, and I don't really think that's always necessary. So, yeah, I've had discussions with my surgeons and my emergency room physicians about cleaning the body and the colon and other organs, you know, gallbladder, liver, that kind of thing. So, yeah, there's definitely a discrepancy.

Julie Tyler: Are you saying that maybe sometimes you see recommendations for surgery that might be premature?

Dr. Chonita Holmes: Yes. As far as maybe a clinician, a surgeon recommending a treatment that maybe could be done later rather than sooner, yes. Rather than removing…and we're going to talk about the gallbladder, but there's a lot of gallbladder surgery in this country. There's a lot of colon surgery in this country. So, I think at first I

would try something holistic. I would definitely clean the organ out and take a month or so and get it cleaned out and then kind of go from there, so...

Julie Tyler: How do you view the therapy known as colon hydrotherapy? Is it something you have first-hand experience with?

Dr. Chonita Holmes: Mm-hmm. Yes, I do have personal experience with colon hydrotherapy. I met a naturopathic doctor at the conference in Pasadena two years ago and I did get linked-up with a colon therapist through her, so I did try it. And at first it was a little bit intimidating, because when you first go you need to go three consecutive times, three consecutive days and get cleaned out, and then you can go every two or three months after that or even twice a year depending on your need. So, yes, it was a little intimidating at first, but after I had that first treatment I couldn't believe how I was feeling, how I was looking, the energy I had. And then after that then I just put myself on a regular regimen. Sometimes it was twice a year or three times a year just depending on what was going on with me. And I've always felt better after that, so much so that I had my mother do it when she was like 78. That was her first time, and she was very skeptical, but after that she couldn't believe all the material that was coming out of her colon. She was in shock, but she felt so much better. My husband's done it. My sister has done it. My sister has multiple sclerosis, by the way, and she's done it regularly, and that really helps her.

Julie Tyler: Has your sister talked about changes in her MS symptoms?

Dr. Chonita Holmes: Yes. With my sister having multiple sclerosis she has discussed with me her colon therapy. She's had it done a couple of ways. She's had it with the hydrostatic gravity method and the method where the practitioner controls the water going in and coming out. She much preferred the personal touch of the person standing there controlling the water in and out in case they get into trouble or she's feeling a little anxious. So what she's said, improvements she's had in her digestion and her elimination. And with multiple sclerosis everything sort of just kind of stops working, doesn't move. Sometimes they even have difficulty passing gas, so it's important that that process starts. So those are the improvements that she saw.

Julie Tyler: Has she noticed more agility and better functionality in her joints?

Dr. Chonita Holmes: Yes. The things she has noticed that have improved her situation would be the digestion is better and just an overall sense of well-being. Maybe she couldn't…maybe not walk better, but she could certainly feel like she wanted to get up

and walk. She could stand up, maybe stand a little longer and just felt better overall. And her mental faculties are better too.

Julie Tyler: When you were in school what influence did you see coming from the pharmaceutical industry in terms of the kinds of support that they offered?

Dr. Chonita Holmes: As far as the pharmaceutical industry offering anything, well, there's not much. I mean, they have the stool softeners, the laxatives, which really we only used for-- we did use for patients who had fecal impaction, or when a case got really bad you send a medical student to do a digital disimpaction, and we all have to do it. That's like a rite of passage or something. And that's the only thing that I really dreaded, and we all have to do it. And I think that those elderly people could have been helped so much better if we could've done hydrotherapy, but that really wasn't talked about when I went through.

Julie Tyler: What about the classic enema? Are you familiar with the evolution of enemas in the hospital setting?

Dr. Chonita Holmes: Mm-hmm. As far as enemas, yes, because I do work in the field of radiology we do enemas on the patients that are going to get a CAT scan. We put contrast material in the liquid so that we can see the colon and the walls much better on the CAT scan. We still do barium enemas. We don't do as many as we did 10 years ago. That's really fallen off. There are more colonoscopies done. So, yes, enemas are still done quite a bit.

Julie Tyler: Are they effective?

Dr. Chonita Holmes: They're effective to a certain degree. Enemas are effective to a certain degree. Especially right before we start the CAT scan we will do a quick enema just to clear-out what's in the rectal vault so we could see better. So it's effective as far as that is concerned, but as you'll see later…I have some images I can show you from a CAT scan and what we call the KUB traditional plain film of the abdomen which shows some stool in the colon, and it just doesn't get it all.

Julie Tyler: Would colon hydrotherapy be something that might advance that goal a little bit?

Dr. Chonita Holmes: Yes, I do believe colon hydrotherapy would help clearing-out the colon so when we image, especially if you're going to have a colonoscopy, even a CAT scan. It's so much better when we can see disease or non-disease if the fecal material's out of the way, because it really is a problem, especially when we do the traditional barium enemas where we're filling the colon with barium or another type of contrast material, looking on the X-ray, irradiating the patient, looking. And I believe if the colon were truly much cleaner our tests wouldn't last as long and the patient would not receive as much radiation, and we'll be able to make the diagnosis much better.

Julie Tyler: When you were in school what support did the pharmaceutical industry offer students in terms of sponsorships? How active were they in forging a relationship?

Dr. Chonita Holmes: As far as getting a relationship together between that type of industry and the student, there really wasn't anything. So we went to class. We had different doctors from different areas come and speak to us. In our second year we could kind of decide what we wanted to do for a living, but there really wasn't anything really mentioned…I mean, there was always this "Well, you know, try and stay healthy," but there was really no focus on staying healthy and trying to cleanse, if you will. That wasn't even a word that I heard till I came to California.

Julie Tyler: What about things like industry-sponsored stethoscopes, lab coats or gifts?

Dr. Chonita Holmes: You know, as far as the pharmaceutical industry giving us things or sponsoring things, to a certain extent they did give us stethoscopes. We did receive…I think that was about it. We had to buy our own microscope, otoscope, ophthalmoscope. We had to buy everything. Our blood pressure cuffs, all that we had to purchase on our own.

Dr. Chonita Holmes: Eli Lilly gave all of us stethoscopes, which were pretty nice.

Julie Tyler: But you didn't see an overbearing presence by the pharmaceutical industry.

Dr. Chonita Holmes: No, as far as the pharmaceutical area trying to develop a relationship early in medical school that was not the case.

Julie Tyler: Can you talk about specific symptoms or diseases in patients where you might recommend colon cleansing?

Dr. Chonita Holmes: Mm-hmm. Well, as far as what circumstances I would recommend a colon cleansing, we see a lot of bowel disease on the CAT scans. We see Crohn's, we see diverticulosis, diverticulitis, appendicitis almost daily. And many times when I'm looking at those films the colon is just full.

Julie Tyler: You mentioned appendicitis as part of bowel disease. Is that considered in the umbrella of bowel disease?

Dr. Chonita Holmes: Well, as far as appendicitis being considered a bowel disease, I mean, it is an appendage, if you will, off the cecum that some say really isn't useful, that it really doesn't involve itself in digestion or any kind of process in the colon that we really need. Maybe that is true, but it is off the colon and it's part of the colon as far as I'm concerned and affects the colon. If you have acute appendicitis you can end up with an abscess, which can actually affect the rest or part of the ascending colon where it's attached or even the small bowel, the ileum that's attached to the end of the colon, which is all in the same vicinity. So, yes, it's very important disease, and, like I said, I do see it almost daily.

Julie Tyler: You said that one of the common denominators is that many of those people are also experiencing impacted bowel.

Dr. Chonita Holmes: Yes. The people that I see that are experiencing appendicitis, their bowels are also impacted, yes.

Julie Tyler: I don't know that lay people would make that correlation.

Dr. Chonita Holmes: Yes. As far as the function of the bowel and correlating that with appendicitis, yeah, I really don't think people think about that, because they know that it's in the right lower quadrant most of the time, so when they have pain there, yeah, they might think about it, but it could also be something else. It could be diverticulitis. It could be other types of diverticula. It could be a cancer there. So whatever it is we have to check it out. Clean it out first and then check it out.

Julie Tyler: We know that the common prep for colonoscopy screening now is the oral prep. Do you see patients with complications from doing that prep? Which patients might benefit from having an alternative?

Dr. Chonita Holmes: Well, regarding the preparation for colonoscopy and other types of colon treatments or colon cancer surgery, what have you, the traditional cleanse is in general three days, and, yes, it is oral. And they might follow it up on the third day with an enema to clean out what's left in the rectum in the sigmoid colon. So it doesn't work on everybody. A lot of people have some cramps. They don't even do it properly, because they don't want to do it. You have to follow a certain diet. You've got to eat some clear liquids. You can't have your steak. And so that's kind of difficult for a lot of patients, and frankly a lot are ill-prepped, so by the time they come to us for the barium enema or the CAT scan they're not really that well-prepped. And I was speaking before with a gastroenterologist yesterday, and it's very important to be prepped properly so you can get all the way to the cecum. If you can't get down to that cecum your colonoscopy is actually inadequate. It's just not complete, so...

Julie Tyler: Can you talk about your relationship with other specialists and how it differs from your relationship with the patient?

Dr. Chonita Holmes: Yes. As far as our relationship with the clinicians and the patient, in general, our relationship with the patient regarding issues of the colon are more removed. The only time that we are actually right there is when we're doing the barium enema. They do see us. They meet us. We talk to them. Or if we're doing upper GI. But otherwise it's mostly their primary caretaker who talks with them. As far as other types of cancer, I'm more involved with that, like breast cancer and things like that. But even with that type of cancer cleaning-out the body does help, and I've actually dealt with more patients on that realm who've actually asked me "What can I do, Doctor? What can I do to help myself along before this surgery?" or "Do you recommend a cleanse?" One asked me "Do you recommend a cleanse?" I said yes, and I told her about the different cleanses, so...

Julie Tyler: Talk about how closely you work with the other doctors and how much they rely on you.

Dr. Chonita Holmes: Okay. As far as our relationship with the other doctors and them relying on us, they do rely on us to present the images so that…they do show their patients that it shows the pathology or that it's completely negative. So they do rely on us to get things done in a timely manner. We are responsible for the preparation of everything we do, so even though we do give the patient or tell them to go to the pharmacy and pick up the prep or whatever, we are still responsible for making sure that they are prepped properly. But as far as us having any direct say over the patient's care after that, we do not. We just diagnose, and the clinician takes it from there.

Julie Tyler: So you actually sit in a position of diagnosing a disease.

Dr. Chonita Holmes: Yes, we diagnose the disease when they come to imaging. We're responsible for interpreting the images and making sure that their questions are answered, and maybe something they didn't even think about that we present what we call the differential diagnosis. If we're not clear on what it is or it's not clear what it is, then we have to give several possibilities. So, yeah, that is on our shoulders.

Julie Tyler: How much is on the shoulder of the primary physician versus on the radiologist?

Dr. Chonita Holmes: Well, as far as the responsibility and the patient care, as far as diagnosing, it is a shared responsibility. The patient does come in with certain symptoms, so they have to order the proper tests. So without them ordering the proper tests and giving us the proper history it might be more difficult for us to make the proper diagnosis. So we are aware of that. Sometimes we get no history at all. We're aware of that too, so we call those fishing expeditions, and we go and we give a list of things that we think it could be. So if they're not happy with the list that we give them they'll call us up and say "Well, you know, I was thinking..." "Well, okay, well, that's good. It's kind of good to know that going in." But then if they come back and say something like that, then we may go back over the films with them and say "Well, in this case because of this particular type of history or situation I think this is more consistent with A rather than B."

Julie Tyler: You actually get requests for imaging with no medical history on the patient.

Dr. Chonita Holmes: Yes, we often don't get any background at all, so we have to look up…we see so many images that we really can't look up everything on every patient, but sometimes we just have to go back and look in the background ourselves and kind of delve it out. But I think it's much better for the patient and everybody concerned if you just tell us what you're looking for, but maybe there's a little bit of professional battle going on there. I'm not sure how I should say it, but kind of like every other field in the world there is that.

Julie Tyler: There's some competition.

Dr. Chonita Holmes: There's a little bit of competition, yeah, mm-hmm.

Julie Tyler: Does it help you and the patient to get as much background as possible?

Dr. Chonita Holmes: Yes, it does help us to get some history, because we can make the diagnosis quicker, and we have so many films to read that says, well, if they're interested in a colon cancer or they could just say "Well, the patient's been having some..."

Julie Tyler: Would you like to see more history coming from the doctor who's trying to diagnose it with your help? Would that help the patient and you?

Dr. Chonita Holmes: Yes. As far as the history that we get from the clinicians, yeah, that does help. It helps everybody. If the patient comes in with an issue, just state it. Just restate it. It's the same thing. Restate it there in the history line. We'll see it and we'll make sure we get your question answered. Plus if there's something else we find…a lot of times we find other things that aren't really related, and so we handle those a different way, but, yeah, it would help everybody.

Julie Tyler: What is the competitive element that keeps the doctors from putting the patient first? Shouldn't the patient be the primary focus?

Dr. Chonita Holmes: Yeah, the patient should be the primary focus and is most of the time, but we do get these other issues that we kind of have to figure out what they want, and we can't always contact them…they're very busy, we're busy…to find out "What exactly are you looking for, Doctor? You can't order a CAT scan on the head, the neck, the chest, the abdomen, the pelvis and the feet at the same time. Where are you looking? Where are you concerned?" So, yeah, that happens.

Julie Tyler: Do you think that it's because the doctors know they have to cover all of their bases?

Dr. Chonita Holmes: Well, as far as you're worrying about liability, in some cases that may be true, but by and large it's not. And with the implementation or introduction of non-MD practitioners, which is more and more prevalent now, maybe they're not as experienced. Maybe they don't know exactly what to order, so that might be a part of it as well, so...

Julie Tyler: What are things that a viewer wouldn't know that you can see? What would they be fascinated to know that you can see?

Dr. Chonita Holmes: Well, I think the viewers would be fascinated or interested to know that, well number one, you can't hide anything from us. We even know whether your

vitamins that you're taking are being absorbed, and we see that all the time. They're just sitting there whole in the distal colon, never even dissolved or anything. And I think that would be different if there was some fecal material out of the way in order to help the medicine to be absorbed so the body can use it. I'm not sure what else they might be...

Julie Tyler: That's okay.

Dr. Chonita Holmes: ...concerned about. You just can't hide. For one thing, you cannot hide.

Julie Tyler: As far as when we do screening and we have to do these, you know, preps for the bowel, whether it's an enema or a barium enema, etcetera, colon hydrotherapy, we know that that can clear the bowel pretty immediately if done correctly and maybe you have to do two or whatever. And then you get in there and you see the colon, and you can see disease and problems and the…you know, what has gone awry. If you were to back up 15 years, let's say, with your health, how important do you think it is that somebody's colon is functioning and is cleared out, like on a regular basis. Like, what do you think is the proper functioning bowel, what does that picture look like?

Dr. Chonita Holmes: Okay, as far as the proper functioning bowel, and everybody is different, but whatever you eat needs to be eliminated that day. So you know, if you eat three meals a day, you really should be having three bowel movements a day. You know, the course may be different in the amount of material and everything. So I think that's number one. If you're eating, you should be eliminating. If you're eating and not eliminating for a week or two, like some people that I know, and have dealt with, that's a problem and you can't say that's regular for me. No, that's wrong. So the regularity is very important. The form that it's coming out, is it all liquid, is it very constipating, is it dehydrated, you know, it has to hold together, you know, so the fiber and all that, that you eat, has to hold everything together and the aroma and all that kind of stuff, so it is important, it sort of reflects what you're eating. If you eat a lot of sugar, it's…you're going to have a lot of bugs and things that, you know, you don't really need to have…

Julie Tyler: People do not realize how important it is that the quality…it means something. I mean, I personally get really excited when I can just look at it, and it's in a nice formed long piece that is, you know, not five feet long, but you know, a generous portion, because I know that my body is like, on it.

Dr. Chonita Holmes: Mm-hmm, yeah.

Julie Tyler: That's why humor is going to be really important in this film!

So what would you say if you knew…we know that colon cancer is either the second or the third biggest cancer killer in this country, right? We know that colon cancer screening is something that the Colon Cancer Alliance and Fight Colorectal Cancer, that they advocate strongly and that there are people that are all about promoting colon cancer screening. What would you say if you knew that the number one reason why people don't want to do the screening is because they don't want to do the traditional prep and that there is a very beneficial alternative which is colon hydrotherapy, but that the Colon Cancer Alliance, doesn't endorse colonics as a prep or think is important whatsoever.

Dr. Chonita Holmes: Okay, so as far as the colon cancer screening is concerned, and why people may not want to do it, basically one of the things that they do is send out a little test that you can test your stool. And you put this in this little kit and you send it back off to the lab, and they're looking for blood in the stool. Well most people aren't going to have blood, so I think, it's a start where the screening is, and they say, well when you're 50 or so, you should get your first colonoscopy, or 55, 60. My mother had hers at 78, you know, just because she had an issue with the appendix, but you know, she ended up having it, and I don't think it really helped anything. So yes, as far as people wanting to do the prep, they don't want to be tied down for three days, with not eating anything, and you know, they have to stay home. You know, with the colon therapy, you can go in, in the morning, in fact, that's what I do, I go in before I go to work, drive down, go get it done, and I go to work, and I'm fine. So that's how I do it. I think you can work it into your day better, you know, the colon hydrotherapy can work into your day much better than…then you don't have to worry about what you're eating or anything like that.

Julie Tyler: And you're talking about, specifically, for colonoscopy prep.

Dr. Chonita Holmes: Right, colonoscopy, barium, anything, barium enema, any of those. But I think the colonoscopy prep is the one that's a little bit more harsh on the patient. And with us not doing as many barium enemas, the gastroenterologists have sort of taken that over. I mean I might even do one a week, whereas we used to do 30 a week when I first started working. And it's trickled down to one. There's more colonoscopy done, so they've sort of taken that out of our hands, but the prep is a little bit more harsh, because let's face it, they actually have to see the wall, so you know, it really has to be clean, so--

Julie Tyler: Just by way of interest, I interviewed-- his name is Dr. Michael Gershon, and he wrote, "The Second Brain," so it's all about the enteric brain and I asked him, he's a neurogastroenterologist which is this new field, ten years old, and I asked him about

those preps, what he thought about how they affect the delicate lumen walls etcetera, and he said they're very harsh. It causes everything to spasm and he doesn't think that that's good for the bowel. Yet, he's not really in favor of colon hydrotherapy, he doesn't see what's so great about colon hydrotherapy, isn't that interesting?

Dr. Chonita Holmes: Yeah, it is interesting. Yeah.

Julie Tyler: Bizarre. So yeah, I think that the colonoscopy, I mean, so that the larger part of that question is just, the Colon Cancer Alliance, they're so pushing, as all colon cancer awareness groups are, to go get that screening at 40 or 50 or whenever you're supposed to. Wouldn't it be nice for them to offer, to be able to tell, you know, people that are looking for information, they're scared, they might have just been diagnosed, what do I do, or it's coming up, this colonoscopy, and yet they don't.

Dr. Chonita Holmes: Well as far as them recommending the colonoscopy-- I mean, the colon hydrotherapy, I think it might be more accepted if it were done in the hospital, if they could have control of that, then I think that they would, you know, you could actually hire someone who's not an MD to do it, and train them just like we have our physicians assistants or radiology assistants, our nurse practitioners, our midwives, we all work together, you know, and you can train people to do that in the hospital setting, and I think that you know, if they perhaps offered it, you know, in the hospital, then that would help out, because they are starting to offer some other alternative things like acupuncture and things like that. They may have some practitioners they work with. So I do think that's a field that really could-- that colon hydrotherapists could get into trying to form relationships with hospitals.

Julie Tyler: Yeah, most definitely and that is happening and you know, the question is going to be whether or not the medical community-- our healthcare system is going to kind of force or encourage that to happen, whereby colon hydrotherapy is really only accessible through a therapist that's working directly with the physician either in a hospital setting, which, let's face it, I mean, I would also-- that's great, but I-- for people that have acute problems, but I would also like to know that, for my general maintenance twice a year, I might just be able to go to an amazing colon therapist who I know has 20 years behind her, and 3,000 clients, and I'm in good hands.

Dr. Chonita Holmes: Right, yes.

Julie Tyler: What's your thought on that?

Dr. Chonita Holmes: Yeah, as far as, you know, who's going to do it, I think that it should be offered in the hospital setting for those patients there. If you want to go outside and get your own, they always-- they never pay for that if you go elsewhere, but they should have the choice of going there. And yeah, I would rather have someone who's had some experience, too, because if it's in the hospital, let's face it, they're all about budgeting and the bottom line, so they may not have the best equipment, the best trained person, because if you have someone who's trained, well you've got to pay them. So I think, if they could offer it, it's good, but I still think that the people that are on the outside, the naturopaths, the colon hydrotherapy, they have a different mindset, they went into it for a different reason and I just truly feel that I would be more comfortable with them and that's why I keep the practitioner that I've had for the past 10, 12 years, so--

Julie Tyler: So, in other words, in the hospital setting where you have, let's say a nurse or some type of technician who's maybe responsible, and wearing hats for several things, versus somebody who chose to be a colon hydrotherapist, that's their career, that's what they've invested their whole passion into, they've gone through continuing education, they're constantly arming themselves with more and related information. You see that person as being maybe highly qualified, and somebody who you might choose to go to?

Dr. Chonita Holmes: Yes, as far as having, you know, who I'm going to go to, who I refer someone to, as far as the experience is concerned. Yeah, I think it would be better to go someone who's really interested in that, and also the equipment, you've got to have the facility, the building and the equipment, and if this person, the hydrotherapist already has all that material, the hospital or clinic doesn't have to worry about getting a space for it, getting the equipment, making sure it's up to quality standards, just let somebody else do it, and just make sure they have the credentials. I think it's much better to form a relationship between traditional colon therapists and the hospital where they would refer patients there, rather than doing it in the hospital, although, it would be good if they had it there, but the fact that we have people out there who have been doing this for many years, and they're very experienced and want to do it, I think that they should be allowed to practice and you know, be referred patients and not be-- not trying to discourage them or discourage what they do, because it does work.

Julie Tyler: That's amazing, that's so truthful. I mean I wasn't trying to lead you into saying anything, but just that last, when you explained it all, made a lot of sense. Because we're not saying, no, don't have it in the hospital, but we are recognizing that a lot of medical doctors--

Dr. Chonita Holmes: Are we off the record?

Julie Tyler: Yeah.

Dr. Chonita Holmes: Oh, okay, I wouldn't, I wouldn't go to the hospital for a lot of stuff. I mean, my doctors, off the record, my doctors are naturopaths. Yes, I have my doctors, my friends in the hospital, I go get my lab tests, but as far as when I want to know something, I go to my naturopath and have her do all those energy works and things, that's what I do.

Julie Tyler: Yeah. I mean, it's-- there's no question. That's why interviewing a lot of these medical doctors like yourself, has been very interesting. And then I'm going to, you know, I have, like, a chiropractor, I've got all kinds of people I've interviewed that just stem out from that, but I started kind of with the medical doctors and then I went on from there, and yeah, it's just--

Dr. Chonita Holmes: Yeah, they laugh at it. Personally, they laugh at it, they think it's funny, the rest of the radiologists I work with, you know, they go, "You don't go get colonics and--" I mean, I don't tell my personal business, but I said-- we presented this case, right, and I said, this patient needs a cleanse. And they all just kind of looked at me. This-- I said, she needs a cleanse. And they go, you mean like a colonic? And I said, yeah, she needs a cleanse, look at it, you know, and then they all just kind of started laughing, you know, so--

Julie Tyler: So did they not, like, see that it-- you still-- it becomes-- it's still like a stigma, do you see that--

Dr. Chonita Holmes: Yeah, it really is. And even the other organs, like you could remove your gall stones yourself. I clean out my liver regularly, I've seen stones come out. So I do that all the time, and I was telling them about, you guys really need to do a liver gall bladder flush, so one day a patient came in, and I looked at the ultrasound, and full of gallstones. So I wrote my little preliminary report, I said, just recommend a gall-- oh man, they were so mad. I wrote it, because I wrote it in the chart, I said, just, I recommend a gall bladder liver flush with olive oil and lemon juice. So when they got that, oh, they were mad, and then the surgeon talked to me, he said, I'm still going to take her gall bladder out. I said, but you know, she can get rid of those stones without your surgery. Oh, he was mad, he goes I don't care, I'm still going to remove it. So that's the mentality, yeah.

Julie Tyler: I mean, do you think, really, it's because that's something they could just go and do at home first, and see what, you know, how they feel and what their prognosis is?

Dr. Chonita Holmes: Yeah, I told people to do that. I still tell them to do that even now. If someone says, I have this. I say, well it could be your gall bladder, why don't you give them the recipe, I've got a very simple recipe, go to the grocery store, get the coke, get the olive oil, get the lemon juice, get the mag citrate, you're done in two days or a day and a half.

Julie Tyler: You're going to tell me, because I've been meaning to do it and I have--

Dr. Chonita Holmes: It's very easy. Yeah. I mean you have a few cramps that day when you're eliminating, but the stones, I mean, I've passed thousands of stones, so you know, and I look on the ultrasound, I have no stones in my gall bladder, they're actually in the liver, so just because they're not in your gall bladder doesn't mean you don't have them. They're in the liver, in the ducts in the liver.

Julie Tyler: But you can do a liver cleanse, too.

Dr. Chonita Holmes: Yeah, you can do that and get them all out through the ducts in the liver. They squeeze through and then they just go into the GI tract, and they go on out. And if you're not clean, your GI tract, you're not going to get them out. So you've got to clean the colon, then clean the liver, gall bladder, then go back and clean the colon. That's what you have to do, so yeah.

Julie Tyler: Wow, well no wonder you're the picture of beauty.

Dr. Chonita Holmes: So-- well thanks, but I mean, I try.

Julie Tyler: Because it takes work, right?

Dr. Chonita Holmes: Yeah, it does take work.

Julie Tyler: And it's about taking responsibility for--

Dr. Chonita Holmes: But you feel better, yeah.

Julie Tyler: And what does it say-- maybe I can put this on camera, darn it. I just have to change the card really fast. And then we can kind of wrap up.

Dr. Chonita Holmes: Do you want to see the images, or--

Julie Tyler: You're so generous, yeah, yeah. Just this idea of prevention, I mean, you know, I guess that's kind of where I was going with my question about, like, we go in for our colonoscopy, thinking it's very important if you go to the US Task Force for Prevention, under Kathleen Sebelius you know, it's all about prevention or whatever, but it's really about screening, it's all about, okay, now you're 50, here's what you need to do, to-- for us to catch whatever disease has already manifested in your body. You know, well, okay, so what about what happens, you know, 20 years before that? What can we be doing--

Dr. Chonita Holmes: Yeah, we need to start with kids, we need to start with teenagers. But be very careful with the girls, of course, you know, but I think we just need to start much younger.

Julie Tyler: With the girls--

Dr. Chonita Holmes: Well the bulimia and anorexic, yeah, colon cleanse, you know, clean it out, lose weight, that kind of thing, so you have to be careful of how it's presented to that group of people.

Julie Tyler: To--

Dr. Chonita Holmes: Well, you know, girls, they want to look good, they want to-- you know, you've got to be careful that they're not going to be using this as a-- and not eating, and doing this all the time, to keep their weight down. Because it does work for that, too. You know, their stomachs are nice and flat, so you know--

Julie Tyler: But from a medical standpoint, can you explain why it-- because a lot of people think, oh, I'm going to go do a colon cleanse, and this roll of fat on my butt or my stomach is going to actually just be-- fall off.

Dr. Chonita Holmes: No, no.

Julie Tyler: It's a much more subtle conversation about why it helps with weight loss. I mean, from a medical standpoint, you want to clarify a little bit for people?

Dr. Chonita Holmes: Well I think from a medical standpoint, I think probably what it is, is, if your colon is full, and you-- it gets stretched out, your muscles get stretched out, your skin gets stretched out. We see these big bellies like this all the time, there's nothing but bowel on the CAT scan, bowel, bowel, bowel, and it's this big. And it got stretched out over the years, you know, of all this eating improperly, not eliminating, it's going to stretch. So I think, as far as elasticity and all that stuff, you know, when you clean it out, if you're doing it on a regular basis, you're not going to have all that stretching going on, and thus you're flatter, and it, you know, you do-- I mean, it's just gone. You feel around, you can actually feel it in there, and it's gone, so-- and I think that's why girls who do it for weight loss, or, you know, then that's fine, if you don't overdo it, go ahead.

Julie Tyler: The weight loss question is more like, because it's stimulating digestion, absorption is going to be better, the whole process is just going to be moving better, and therefore-- then you have more energy so maybe you're more inclined to be more active, and it's all a big related thing. This idea of the lymphatic system, and the liver working, that's part of the weight loss thing. It's-- your thyroid is going to be working better, I mean, am I right?

Dr. Chonita Holmes: Yeah.

Julie Tyler: But people just-- they-- the people that assume that colon hydrotherapy is quack medicine, or they're just taking your money, because it can't help with weight loss.

Dr. Chonita Holmes: Taking your money? Hello? <laughs>

Julie Tyler: I know, they make all of, like, 85 dollars. How much--

Dr. Chonita Holmes: I mean, who takes the money? Let's be real here.

Julie Tyler: How much--

Dr. Chonita Holmes: I don't want to get in trouble, but yeah.

Julie Tyler: How much money are the surgeons making from the removal of the appendix or the gall bladder, or part of the colon, versus, you know, five sessions of colon hydrotherapy? Well, so just, maybe last but not least, this idea of, you know, where are we as a country in terms of our overall healthcare system, our strategy, the way our

mindset, you know, in terms of prevention versus diagnosing something when you finally go get that colonoscopy at 50? I mean, do you see that there are some gaps and maybe elaborate on your thoughts?

Dr. Chonita Holmes: Okay, as far as where the country is going with healthcare and everything, I know we're having the national healthcare bill and all that. I think it is a good idea for everyone to have insurance, something, because let's face it, people don't go, because-- excuse me, because they don't have the money. It is expensive. They don't know what do to. So I do see our country trying to help people with their health and a lot of organizations, particularly the one I work for, we are focusing more now on staying healthy doing things, getting exercise, you know, and they're pretty strong on making sure everyone exercises when you go in, but as far as the alternative stuff, yeah, we could do better with that, working better with those particular practitioners. But I do see the country trying to help everybody with their health. As far as what they're going to do with the so-called alternative medical practices, you know, to be honest with you, I really don't think that-- I don't see them working together, really working together. It would be nice if they did. I really don't see it, but I think if traditional medicine could control it all, yeah, they would take it all, but I don't think that's going to happen, because you know, you just stand up for yourself and everything. So--

Julie Tyler: There are enough squeaky wheels, you mean, who are saying, now wait a second, I may choose to approach my health problem or issues, or just my health in general, this way.

Dr. Chonita Holmes: Yeah. Yes there are enough people who are going to want to do things their own way. And even if everything gets rolling as far as the national healthcare, the Obamacare, whatever you want to call it, gets rolling, we're still going to have, because people who are going to do the alternative thing. In countries where the health system is already like that, you still have those practitioners, because I've been to countries that are-- you know, Canada for one, I've been there, I've been to the healthcare system on both sides there, as a patient. So you're still going to have those areas where people are just going to go and do all the natural things, because they don't want to wait in an emergency room, and I'd rather do that, because it's the same as here, it's so long, if your symptoms are not that acute, it's just a long time. You're still going to wait, so you know.

Julie Tyler: It was made aware to me recently, that you know, in the UK, I don't know that you can even get health insurance unless you have adopted or tried alternatives and kind of explored lots of options, because they're sort of maybe leaning in this direction of, it's becoming very top heavy, you know, we need people to be taking more responsibility for

themselves and playing an active role in prevention and overturning all of your options. I thought that was really interesting. It doesn't seem that way here in the United States, you have to fight to get these alternative therapies covered by your insurance.

Dr. Chonita Holmes: Yes, yeah.

Julie Tyler: I mean, you know, chiropractic care is only now recently, some insurance companies are covering it. Acupuncture, same thing, but they're farther along in that fight. Where does colon hydrotherapy--

Dr. Chonita Holmes: It's not, it's not now. I did actually try and help someone to-- in that realm, try to form relationship with some of the hospitals, and I don't believe it panned out for them, so--

Julie Tyler: Okay, so what do we have here?

Dr. Chonita Holmes: Okay, this is a traditional x-ray of the abdomen which is gotten every time a person comes into the hospital with abdominal pain. This is called a KUB, stands for Kidney, Urine-- Urine, or-- and Bladder. But what you can see here is, you can see the colon, and on this particular patient, the colon is full of stool. You can look on the left side of the film which is the patient's right side, you see the ascending colon, and then on the right side of the film, which is the patient's left side, you cans employee some air and some bubbles, and you can see a lot of fecal material in the cecum, the sigmoid colon and the rectal area. This film is a plain film of the abdomen which is obtained when a patient comes in the hospital with abdominal pain. So this particular patient, we would say is full of stool. We can see stool in the ascending colon, descending colon, sigmoid colon and the rectum and the patient is just full. And you see some air in the small bowel on the upper left side of the film--

Julie Tyler: Do you want to point to it a little bit, as you're--

Dr. Chonita Holmes: You can see some-- this is the ascending colon, so it's full of stool, the sigmoid colon and rectal colon are here, and then this is the descending colon. You can see air in the small bowel, and the reason air is there is because the colon is a little backed up. So we would say this particular patient is full of stool, and they would need a clean out. So this is what most patients look like when we see them.

Julie Tyler: Wow. How-- so how common is this, then? I mean, most patients you're saying.

Dr. Chonita Holmes: Every day, every day, we get these types of films in from the emergency room, from the clinics, every single day. And a lot of them are children. And children have a big problem with constipation as well. This next film is a CAT scan image. Now-- can you see this?

Julie Tyler: Yeah.

Dr. Chonita Holmes: Okay, I'll use this. This is the colon here. This is pretty clean. This is a lot of fluid. What we do now, is we give the patient a lot of water, and look at the colon here, so-- excuse me, the colon has water in it. So this is pretty clean. Here's the bladder down here, and this is small bowel, all you can see is just pretty clean colon as we look through the images, this is how I look at everything every day. I go through, look at all the colon here, here's the rectum down here. I go back and forth, I look through that, and here's some colon here, stomach is coming in here, transverse colon here, pretty clean.

Julie Tyler: Is that transverse colon positioned the way it should be? To me, it looks like it's kind of not transverse, it looks a little saggy on one side.

Dr. Chonita Holmes: Yes, they call it-- yes, this is pretty normal. And the reason it's called the transverse colon is when you're going to do a schematic of the colon you draw a straight box like that. But many times it's sagging, and when it's really bad, and really out of shape, it will sag all the way down into the pelvis. That's a stretched colon, there's a lot of colon.

Julie Tyler: How often do you see that?

Dr. Chonita Holmes: We see that pretty much every day in older patients. So the younger ones are pretty much going to be pretty straightforward, but it's the older you get, the colon is stretched out, and we'll see it. We call it a redundant colon. This other patient here is a colon that has a CT scan of a colon that has more stool in it. You can already see-- you can see air pockets here, and the cecum, the _____ flexure, little bit of the transverse colon here, descending colon here, sigmoid colon, and there's a big bladder here full of fluid, and as we go--

Julie Tyler: Can you point that out one more time? I'm going to scroll down.

Dr. Chonita Holmes: Here's the bladder full of fluid, and it's kind of pushed up, but as we scroll through, this colon is quite full of stool here. You can see air pockets, air between the little fecal pockets, and I'm just going to go in the back, _____ in this direction here, colon here, all just full of stool. Here's the sigmoid colon, all over the place, very, very redundant. So you can just imagine if this whole area was cleaned out, how much better he would feel.

Julie Tyler: Wow. So I got all of that. That was amazing. So is it the dark spots that we're seeing, is that exactly, I mean--

Dr. Chonita Holmes: Yes, the colon, here's the cecum, it is shaped like a cone, appendix is coming off down here, so what we're seeing is air pockets trapped within fecal material, so on the other colon I showed you that was clean, you just saw fluid density, you didn't see any of this air and stool. So, it's because you want to correlate it to the KUB, see the air pockets?

Julie Tyler: Let me scroll up where you're looking. Point that out one more time?

Dr. Chonita Holmes: You see little air pockets here, that's what you're seeing on the CAT scan in the ascending colon here. So that's how you know that there's a lot of fecal material, because the air is trapped in the feces.

Julie Tyler: So you have a bird's eye view here when you see people from the inside out.

Dr. Chonita Holmes: Yes.

Julie Tyler: And it becomes pretty plain when they have fecal impaction and they're walking around like that.

Dr. Chonita Holmes: Yes, mm-hmm.

Julie Tyler: So what would you say to people, doctors, even, I've heard say, there's no such thing as impacted colon, people are not walking around full of stool.

Dr. Chonita Holmes: This is a typical appearance of a person-- you can grab anyone off the street, and take a picture and you're going to see the colon, if it has not been cleaned out, everybody looks like this. Every single case unless they've been cleaned out for some reason, that I see, the patients look just like this.

Julie Tyler: And earlier, we were talking about you see people who have really, really distended bellies, and you said that they're just full. I mean, so does that person's colon, does it look healthy from an x-ray?

Dr. Chonita Holmes: No it doesn't look healthy on the x-ray, and in fact, let me just go back to this other film here. In fact, what we see here is, this person is pretty thin, but what we see is the size of the abdomen will actually bulge out on either side here, bulge out. You can see the colon just falling over and spilling out and just-- it just pretty impressive. And I'm just going through the images here, you can see that nice descending colon here, and it just-- you see it spilling out and people end up-- we see hernias, daily. Bowel hernias sticking through the abdominal wall, because there's so much pressure in the abdomen it just pokes right through the muscles in your abdomen and the bowel comes right out, and right outside. We see hernias a lot. That's another problem with an impacted bowel, and no bowel care, are herniations.

Julie Tyler: So you, when you're walking down the street, just to the grocery store or whatever you're doing in your daily life, and you see, let's say it's a man, it could very well be a woman, doesn't matter the age, but with that very large stomach and sometimes even where you can tell that they're thin, sort of elsewhere, it seems to be very localized, what runs through your mind?

Dr. Chonita Holmes: Well, when I see that, I know they have bowel issues, because the abdomen and everything is stretched, and it has nowhere to go but out, and if we look at CAT scan on these people, not only do we see the bowel all over the place, we see a lot of fat in what we call the peritoneal space and all that is, is just the space between the bowel. This person has some fat in there. It's normal, you should have some. But you know that that person just has it all over the abdomen.

Julie Tyler: Yeah. So that distention that you see that people have, it's alarming a little bit.

Dr. Chonita Holmes: It's alarming, yeah.

Julie Tyler: They should be worried.

Dr. Chonita Holmes: They say beer belly, it's not a beer belly. The colon is backed up, they do have a lot of fat in there, but it's the colon. You see this just hanging down, I've seen it hanging down, out and over the bladder.

Julie Tyler: Down, out and over the bladder.

Dr. Chonita Holmes: Yeah, it hangs over the bladder. This one isn't quite like that, but when they get really distended that's what you're going to see. So this is just the cut up view, when they're lying on their back, so you can see the colon once again here, all full of stool, and you know, we've seen it pretty impacted there. So yeah, I think, you know, it's one of those subjects where you know, people don't want to talk about very much, but-- you know, I think it's definitely something they need to pay attention to. And I think one day people will, one day.

End of DrCHolmes_trans.mp3