

### "Ideal" practice helps this FP thrive

As a young solo doctor who often feels like a black sheep in the larger family physician community, I very much appreciated Dr. Susman's editorial, "The rebirth of the solo family doc" (*J Fam Pract.* 2011;60:510). Were it not for the support of the Ideal Medical Practice (IMP) community, I do not think I would be in clinical medicine at all, as I know I could not be happy on the hamster wheel of traditional high-volume primary care practice. IMP has provided the guidance and support that enabled me to open a solo full-spectrum integrative family medicine practice in Rochester, NY, right out of residency.

Because of the skills and knowledge I have developed through such resources as monthly conference calls, e-mail listservs, Web forums, and a national conference, my patients can truly say, "I get exactly the care I want and need when I want and need it." And I'm happy, earning approximately the median income for an FP in the area while maintaining a work/life balance that allows me and my husband to raise 3 boys, all under the age of 5. Truly, it is my solo low-overhead practice within the IMP virtual community that allows me to thrive—not merely survive.

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### Colon cleansing: Not dangerous if done right

As a scientist and certified colon therapist with a colon hydrotherapy practice, I was concerned by the lack of objectivity in your recent article, "The dangers of colon cleansing" (*J Fam Pract.* 2011;60:454-457). The authors cited literature describing adverse effects associated with common laxative preparations used prior to colonoscopy exams, such as oral sodium phosphate or polyethylene glycol, but neither one is generally used by patients looking to colon cleanse to "enhance their well-being." Ironically, the use of colon hydrotherapy is growing in popularity as an alternative to these laxatives for colonoscopy prep,<sup>1</sup> yet the authors made no mention of this.

The article also contained jumps in logic that misrepresent colon cleansing in general, and colon hydrotherapy in particular. For ex-

ample, the first case study involved a 31-year-old with Crohn's disease—a specific contraindication for colon therapy. Therapists certified by the Global Professional Association for Colon Therapy (<http://GPACT.org>) are taught to give extensive health background questionnaires before administering colon hydrotherapy, so it is difficult to determine whether the therapist or the patient was at fault for failure to disclose her health status. Other case reports the authors cited described isolated events that either involved people who already had severe health problems or could not be attributed to colon hydrotherapy with certainty.

While there is no denying the paucity of studies on the potential benefits of colonic irrigation, it is unfortunate that the authors chose to omit the few studies that have been conducted. One study found that daily water irrigations in patients who underwent sigmoidostomies for rectal cancer were not associated with alterations in the colonic mucosa structure.<sup>2</sup> Others determined that colonic irrigation was an effective alternative for the treatment of persistent fecal incontinence after dynamic graciloplasty<sup>3</sup> and low anterior resection for a rectal carcinoma.<sup>4</sup> In addition, the potential benefits of colonic irrigation have been shown in rats following the induction of pancreatitis by intraduodenal injection of sodium taurocholate.<sup>5</sup>

There are inherent risks to most, if not all, medical treatments, whether given by an allopathic doctor or alternative health practitioner. However, the huge number of colon hydrotherapy sessions performed worldwide has resulted in a vast database of testimonials to the positive effects of this therapy.

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2. Galliani I, Santi P, Barratta B, et al. Effect of water irrigations on human colonic mucosa structure after sigmoidostomy. *Dis Colon Rectum.* 1987;30:453-456.
3. Koch SM, Uldao O, El Naggat K, et al. Colonic irrigation for defecation disorders after dynamic graciloplasty. *Int J Colorectal Dis.* 2008;23:195-200.
4. Koch SM, Rietveld MP, Govaert B, et al. Retrograde colonic irrigation for faecal incontinence after low anterior resection. *Int J Colorectal Dis.* 2009;24:1019-1022.
5. Sulkowski U, Boin C, Brockmann J, et al. The influence of caecostomy and colonic irrigation on pathophysiology and prognosis in acute experimental pancreatitis. *Eur J Surg.* 1993;159:287-291.



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