Micromax and Rectal Implants
in my
Naturopathic
&
Colonic Hydrotherapy practice



Colonic Hydrotherapy in practice

How does it work?

It uses warm filtered water to stimulate peristalsis and bowel emptying

The effect is mediated via the vagus and pelvic nerves and is not under conscious control

It bypasses the defaecation reflex, allowing for relaxation and focus on the bowel itself

What benefits?

Trains & tones the bowel/vagus/brain axis

Helps focus on relaxation and letting go

Feeling lighter, clearer-headed and more centred which supports better self-care

Stimulates the immune system*
*Colon irrigation causes lymphocyte movement from gut-associated lymphatic tissues to peripheral blood

What symptoms?

Bowel management in case of:

- Constipation
- IBS-C and IBS-D
- Infections and SIBO

Auto-immune disorders

Pelvic disorder

Stress and anxiety

As part of a liver and general detox plan

What contraindications?

IBD, and bowel/rectum too compromised and inflamed

Hirschsprung disease (mega-colon)

Paralytic Ileus

Autonomic Dysreflexia (spinal injury above T6)

A weak, frail and/or depleted individual

Colonic Hydrotherapy and the Microbiome

Do colonics wipe out the microbiome?

A small 2012 study says that unlike antibiotics, Colonics do not affect microbiome diversity even if they reduce the mean bacterial number immediately afterwards

Anecdotal studies conducted in clinic using microbiome analyses confirm this finding

Microbiome diversity is the key to a healthy colonic microbiome

What causes reduced microbiome diversity?

Certain medications, in particular antibiotics, chemotherapy and PPIs

Alcoholism and excess alcohol consumption

A low fibre diet lacking in variety

A diet that is high in denatured foods and additives

Non-organic foods

Gastrointestinal infections and some viral infections like Covid

Dental issues and periodontal disease

An aseptic environment

The Kenyon Protocol

Dr Kenyon's research on Gut Flora Replacement Therapy (GFRT) is based on Faecal Microbiome Transplant (FMT), but using a probiotic preparation instead of faecal material from a screened donor, thereby removing the difficulties of sourcing a reliable and healthy donor



Dr Kenyon's research on Dysbiosis patterns and their specific disorders

The current trend of research has established **clear correlations between diversity and health**

Chart courtesy of Dr Kenyon

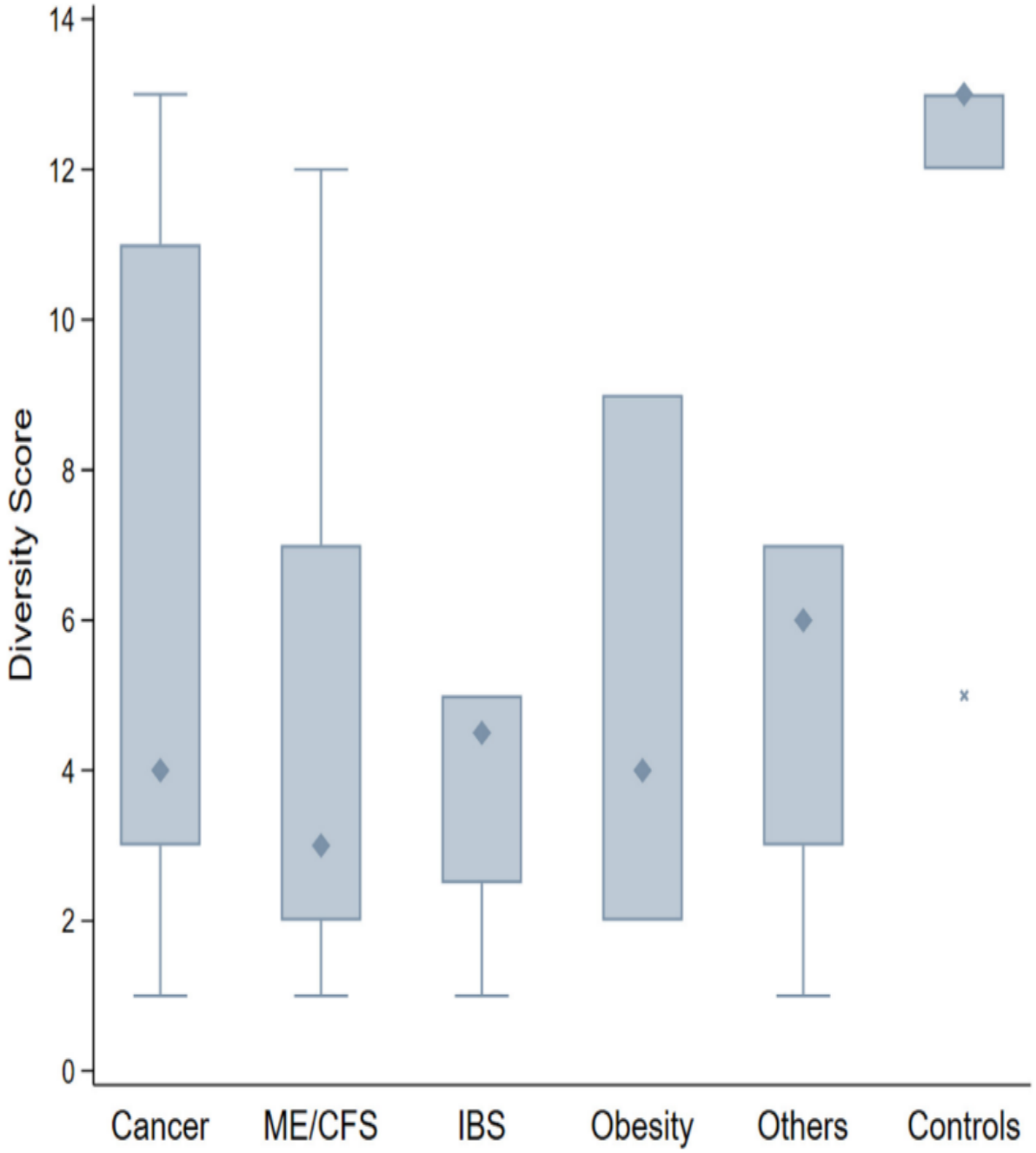
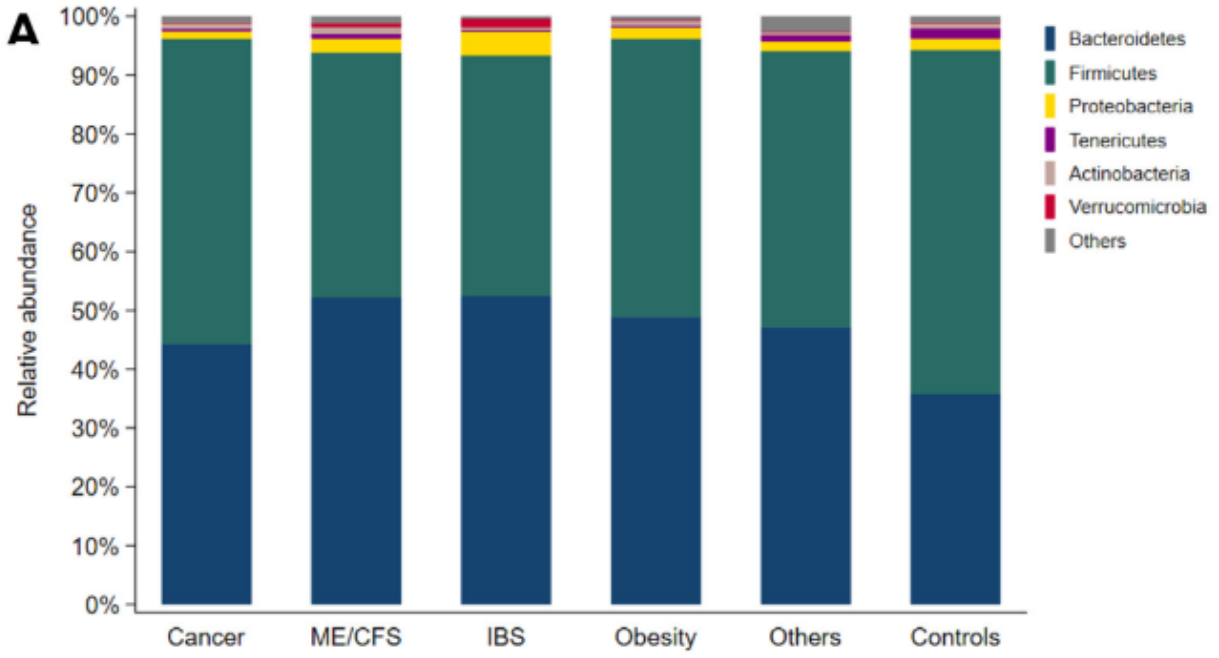


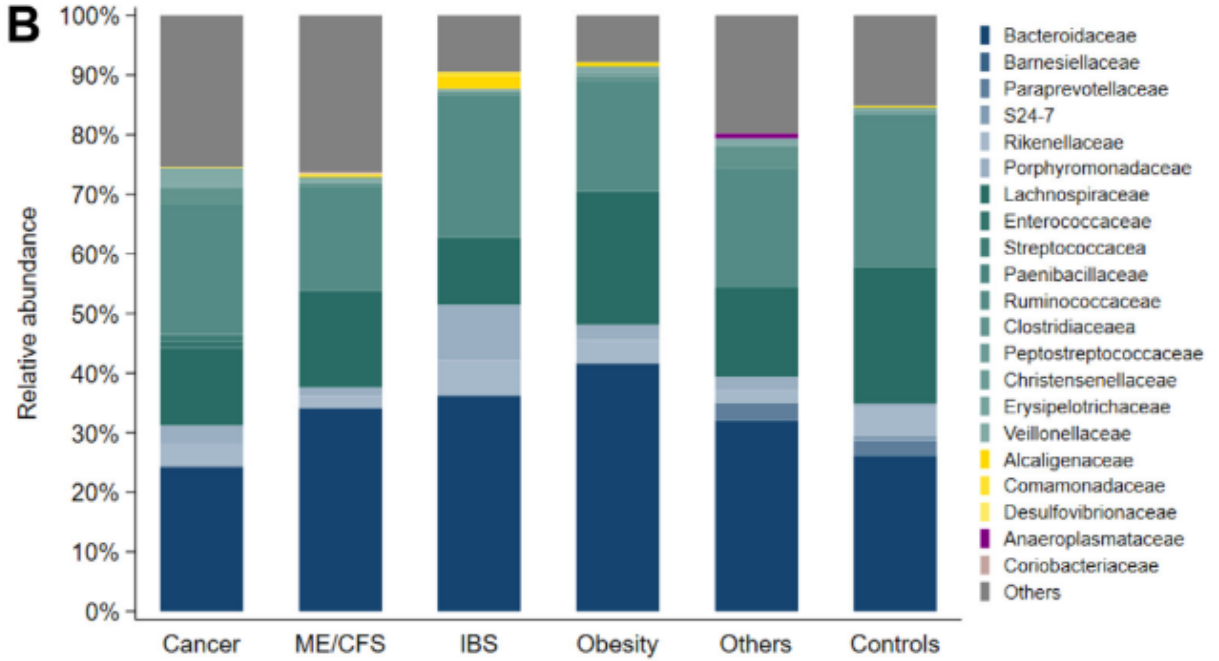
Fig. 3. Distribution of gut microbiome diversity score according to clinical group.

Dr Kenyon's research on Dysbiosis patterns and their specific disorders

The current trend of research has established **correlations between specific over/under growth and some chronic diseases development/outcomes**

Chart courtesy of Dr Kenyon





Dr Kenyon's Research Results

Using 16S mRNA microbiome mapping the study compared:

- 10 randomly selected FMT patients

with

- 10 randomly selected patients undergoing GFRT

The paper concludes that GFRT is just as effective as FMT, while being significantly safer and removing the biological screening risks associated with transplanting raw donor faecal material

https://ijclinmedcasereports.com/pdf/IJCMCR-RA-00253.pdf

Probiotic and Prebiotic Implants for Microbiome Health

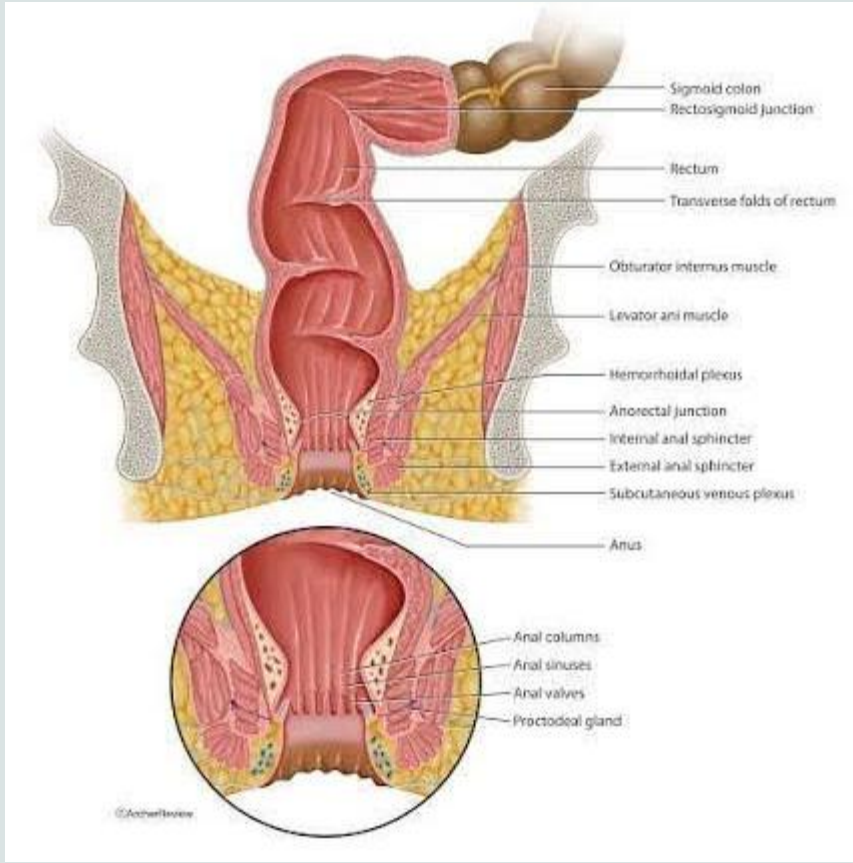
Sigmoidal implant versus rectal implant

Rectal implanting can be retained for several minutes but will eventually be released as it is sitting in the rectum

Sigmoidal implants remain in the colon if the implant reaches past the recto-sigmoidal junction

Sigmoidal implants are easier to retain fully after a colonic, but colonics are not obligatory

Anatomy of the Anus and Sigmoid



Probiotic and Prebiotic Implants for Microbiome Health

Why I choose Micromax as my preferred probiotic implant

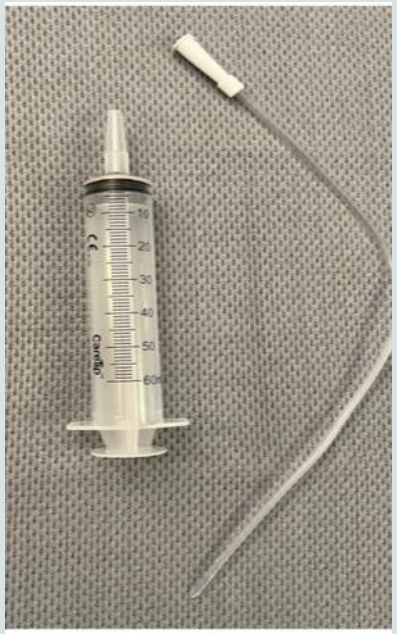
A whole package of probiotics and prebiotics well suited to the lower colon

High butyrate content known to be a powerful local anti-inflammatory and colonocyte support

A marginally-acidic implant that helps correct elevated pH often associated with candida/yeast overgrowth

How to implant in the rectum/sigmoid





When do I recommend Micromax rectal/sigmoid implants?

Home use and rectal implants

Active flare-up of Ulcerative Colitis and Crohn's in the lower bowel/rectum

Recurring UTIs and Interstitial Cystitis

PID and Vaginosis

Prostatitis

Post radiotherapy of the pelvic area

In-clinic sigmoid implants following colonics

Post-antibiotic

Post-infection, especially gastrointestinal

Active Thrush and Vaginosis

Prostatitis

If microbiome testing showed poor diversity

Post bowel cleansing and detox protocols

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