

“It was time to make some changes, but as a single woman with no other obvious skills, I didn’t know how to begin”



NAME: Gillian Edwards.

WEBSITE: www.colonichealth.co.uk.

QUALIFICATIONS: Colonic Hydrotherapist. Member of ARCH & RICTAT. VTCT Swedish, Indian Head massage, Sports massage. VTCT Reflexology. C&G 7302 Dip.

TRAINING: Midlands School of Colon Hydrotherapy. Sandwell College, Bromsgrove College.

How long did it take for you to qualify?

Studied several subjects over several years.

Where do you practise?

Stourbridge, West Midlands

What’s your main therapy/modality and why?

Colonic Hydrotherapy. There aren’t many colonic practitioners, so my clinic is very busy and I am passionate about it. I love seeing the effect of cleansing a congested, bloated bowel has on a client who has suffered – often for many years. Talking about bowel problems is still a taboo for many people, so I make sure they feel comfortable telling me all about their problems.

Why did you decide to become a practitioner?

I loved studying anatomy and physiology, and after experiencing a colonic treatment felt so well the next day, I decided to train! It was a real lightbulb moment!

How long have you been in practice?

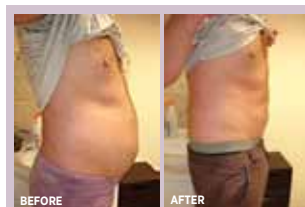
Altogether around 16 years. I started with massage, which I still practise, and then discovered colonics.

Who or what has been the main influence/inspiration on your practice?

My mum died from cancer when

I was 17 and my sister has MS. I always believed stress to be a big influence on health, and growing up I was always interested in anatomy and physiology. I am very interested in how anatomy and physiology and psychology interact together. I like to get my clients to look at treating causes not just symptoms.

With my love of anatomy and physiology, I am visiting the dissection rooms – tomorrow, as I write this – at Guy’s hospital; it’s an opportunity to experience the cadavers that the medical students dissect during their training. Real anatomy and physiology is beyond fascinating for me, as you realise that our



ONE treatment: Gillian says: “He was a very regular client who had developed non-Hodgkins lymphoma. This was taken during chemo, and while he was extremely bloated with the chemo effects, he regularly had results as spectacular as these photos with bloating. He had a good outcome following his chemo.”



bodies aren’t much like the drawings we see in our books.

The visit is run by a wonderful lady, Caroline Barrow, who runs the College of Body Science (<http://collegeofbodyscience.com/>). She runs courses for complementary, alternative and other health practitioners. We have a whole day of digestion along with the most fascinating talk on embryology, it completely changes the way you think about your CAM therapy, seeing the inside of the body. I’ve been several times and always come out wanting to go back. I’ve extracted the below from the website home page for other practitioners who may be

interested in going.

"In a nutshell, we teach the tougher-to-learn body science stuff, specifically for various therapists and health practitioners in the complementary and alternative health fields. We do teach the basics in our Certificate course, RECAP courses if you studied a while back and your memory is a bit rusty, and also more advanced classes, many of which give you the opportunity for a combination of theory and dissection lab practical exploration!"

What conditions or types of client do you see most of?

I see people with all sorts of gut and digestive issues. IBS is a big factor, constipation, diarrhoea problems and bloating. Lots of people are suffering with stress and don't realise how it impacts directly on the gut and body as a whole.

What do you find the easiest to work with?

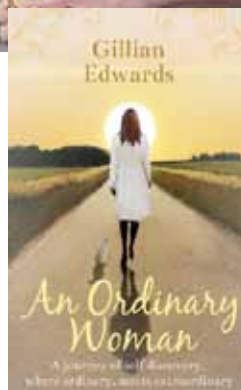
People who want to get better and not just expect a colonic will sort everything out in one treatment. Colonics are great to get things on the right track, but often people need to make other changes to diet and lifestyle.

What is your favourite type of client?

I don't really have a favourite. I'm very lucky to have lovely clients who have a wide range of personalities and problems.

What is the most challenging type of symptoms/illness/problem that you get presented with?

I find all of them challenging. I never prejudge. I find great satisfaction helping people understand how their body works, where it goes wrong and giving advice on how to make changes to make things better. I treat people with all sorts of



problems, but I do love to explain how psychology causes problems in the gut, which most people don't realise.

What one thing is absolutely essential to you in your practice?

Honesty. I am honest with my clients and with myself. I give my best advice, share my experiences and recognise you have to be realistic. Wanting to change is easy. Doing it is more difficult. I find it just as hard as everyone else.

Do you enhance your business with any projects outside of your clinic?

I am extremely busy outside my practice. I interact on social media, write articles, arrange and attend conferences and

workshops, teach CPD to other therapists – either one-to-one or small groups in advanced techniques, as well as confidence-building. I regularly attend events as a speaker and talk to groups. I also work as an Inter Association representative for ARCH along with the other colonic associations – RICTAT, IPCH and I-ACT. Our remit is to work together, share information "With Mutual Respect" for the safety and benefit of our industry to improve and enhance training and skills.

I've also written two books,

one on IBS called *Irritable Bowel Syndrome: An Easy Guide To How Your Gut Works*, available as an e-book on kindle. It's an easy to read end-to-end guide to how your gut works, where it goes wrong and what leads to IBS. It's useful for therapists as well as clients.

The other book is about me and is called *An Ordinary Woman*. It's about how I went on holiday on my own and was the first step that changed my life from being a civil servant and leads to the point where I am going to train to do colonics. It was time to make some changes, but as a single woman with no other obvious skills, I didn't know how to begin. It tells the story of my journey of self-discovery and all my extraordinary experiences along the way. I hope it inspires others to take the first step towards changing your life. If I can do it anyone can. (Also available as an e-book on Kindle or as a paperback from Amazon or directly from me – email: gillianedwards63@gmail.com.) I'm currently writing a prequel called *An Ordinary Child*, and hope to have that finished later this year.

Which CAM book has helped or inspired you most, so far in your career?

Gosh, that is very hard to choose! Recent reads are *mBraining*, by Grant Soosalu and Marvin Oka, and *Gut: the inside story of our body's most under-rated organ*, by Giulia Enders. I would also say my Bionutri product guide is also an essential part of my library. I can be a slow learner in some things, as I want to have all the information if I am making recommendations to clients, so I constantly write notes in it as I learn more after attending their CPD days.

Why do you do what you do?

I love it! I'm passionate about helping people to get better and →

→ live a happy balanced life. Life is to be enjoyed not endured.

If money, time and effort were no object, what one thing would you change about your practice or complementary and alternative medicine in general?

Educate doctors about looking at causes and symptoms, and get research to show the medics and skeptics that what we do is safe and efficacious. I'd also teach employers to look after their staff and make sure they have proper lunch breaks and time to eat and digest.

What piece of advice would you give to newly qualified CAM practitioners who are just setting up a business?

Where to start?! Follow your training routines. Write up notes. Never work out of your scope and training; you can't fix everyone; make sure you maintain hygiene, treat everyone as though it's your first treatment. It creates good habits and ensures you don't assume things. If in doubt, do nought! I could write a whole article on this subject.

What is the biggest challenge you face as a practitioner?

Apart from having enough time to do all the things I want to do, I'd say one thing is trying to educate people they need oil in their diet!

What would you like to see covered in IHCAN that we're not getting to?

I would love to see more from John Stirling of Bionutri. He is someone I would love to meet and tell him how much he has influenced my professional career.

I don't believe in supplements

Case study 94-year-old with extreme constipation

This lady was 94-years-old and had become extremely constipated after suffering shingles following a flu bug and becoming immobile. She was suffering overflow and leakage from her bowel.

Assessment

She was charming. Very mentally fit and very intelligent, but she said she had stopped eating in an attempt to die because she was tired and fed up with the indignity of losing control of her bowel, which was awful for her. I told her the truth about the treatment, especially that we may get some leakage during the treatment, and I'm so glad I did, because afterwards I suddenly realised, and asked her, if her reasons for wanting to die were because she believed she was incontinent. She said yes. I told her having accepted my honesty for everything else to please accept my honesty for telling her that her bowel really did work, she was just full of hard waste and that eating and taking specific stool softening laxatives would get it all going again.

Intervention

Following a long chat about her health and presenting problems, I carried out a very gentle colonic hydrotherapy treatment.

Outcome

We emptied her bowel successfully and with no problems. She was very relieved.

She took my advice and two weeks later came back a different person. Walking without her frame, glowing with health, and full of life and vigour. Her daughter-in-law

told me I had literally saved her life. She was now happy and in control of her bowel

The patient was relieved and happy that I had sorted out her problems.

How long did it take to get this outcome?

Two hours.

Progress

I saw her regularly until she passed away peacefully and with no bowel problems.

Did you advise in any way, how to maintain progress?

Trying to keep eating and drinking to keep her bowel working and avoiding constipation, as well as taking some particular stool-softening laxatives.

Review/conclusion/learnings

I've chosen to share this particular case study as it would have been very easy to say no to treatment just because of her age and recommend she just take the laxatives as prescribed by her doctor. I hope it shows how profoundly people are affected by problems and how we can literally change a person's life. More importantly, it shows that age matters not for misery and dignity.

What did you learn as a practitioner?

One day, that could be me. I believe I am privileged to have any client choose me to help them and I always do my best to use all my knowledge and

experience to make that happen. I work within my skills and keep a duty of care to both myself and my clients. I was humbled to be able to help someone retain their dignity by using my years of training and expertise as a colonic therapist.

What the client said

Thank you. Simple but heartfelt.

References and resources

My intervention was based on my judgement after years of performing treatments, along with checking all the contra-indications that may have prevented me from performing a treatment.

I attend as many seminars and CPD events as I can and I attend "real" anatomy and physiology days in dissection rooms from time to time to make sure I am as well-informed about risks as I can be.

I need to be able to justify why I have done any treatment in case I am called upon to explain to anyone. It's as important to know why it is as safe to treat someone as well as know why it isn't. Experience and training hopefully gives us the wisdom to know the difference.

Having been a past Chair of a colonic association, ARCH, and I was a committee member for over ten years, I have seen the distress caused to therapists by things going wrong. It can happen to any of us, so always work as safely as you can.

• ARCH – the Association of Registered Colon Hydrotherapists: www.colonic-association.org.

for the sake of things. I recently went to a Bionutri CPD day and it was just fantastic, as we were taught about why Bionutri choose particular ingredients to include in their products and what they do in your body. I learned the tannins in rosehip

are much more soluble than in turmeric, so rosehip is more effective as an anti-inflammatory and that's why turmeric is so difficult to remove from things like worktops! Bionutri CPD days aren't about selling their products, they are about

informing you of how plants and foods work in the body and give a great depth of understanding on how supplementing them can be efficacious. It's such a refreshing change from feeling you are sitting in a sales pitch meeting. 🙏🙏🙏



The IHCAN Awards are hugely successful, but we're aware they only reward and recognise a handful of practitioners and clinics each year. Meanwhile, we know that CAM practitioners are quietly getting on with changing people's lives, every day – and we want to celebrate and share the inspiration. So we've re-vamped our popular In Practice series. It is coordinated by regular contributor Rebecca Smith, who runs a successful practice of her own, established 20 years ago. Contact her direct to be part of the feature: rebecca@newportcomplementaryhealthclinic.co.uk, and follow her on Twitter: @NCHHealthClinic.