

MUCOID PLAQUE – REALITY OR MYTH?

What is mucoïd plaque?

The creator of the term, naturopath Richard Anderson, the author of the "Cleanse & Purify Thyself" book series, says: "The intestines can store a vast amount of partially digested, putrefying matter (as well as drugs and other toxic chemicals)—for decades even. Some intestines, when autopsied, have weighed up to 40 pounds and were distended to a diameter of 12 inches with only a pencil-thin channel through which the faeces could move. That 40 pounds was due to *caked layers of encrusted mucus mixed with faecal matter, bizarrely resembling hardened blackish-green truck tire rubber or an old piece of dried rawhide. I call this mucoïd plaque. [emphasis mine – GI]* This mucoïd plaque, when it is removed during an intensive colon cleanse, often shows ropelike twists, striations, overlaps, folds, creases—the shape and texture of the intestinal wall." (http://curezone.com/cleanse/bowel/bowel_dr_anderson.html)

What does it look like?



What exactly was said at the conference?

Galina said:

"I have been specifically asked to put this particular myth to rest. "Mucoïd plaque" does not exist. It is a combination of psyllium and bentonine clay that can do more harm than good to the gentle mucosa of the large intestine and interfere with the absorption in the small intestine.

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Prepared by Galina Imrie, RICTAT Founder

It is myths like this one that can be debunked by any medical student that we need to shed to get true recognition within the medical profession".

The summary of the discussion that has ensued is below

Katherine:And thanks for finally putting to rest the bloody mucoïd plaque crappy myth. I have intuitively felt that this was rubbish all along but had nothing to back it up with. I will set about changing my literature and website as soon as I can.

Dilys:What was the section on debunking the mucoïdal plaque about because the way this was written it sounds as though you said it did not exist, which is not true and can be seen on cadavers in Guy's Hospital!!

Galina:Now, the mucoïd plaque:

No one, including gastroenterologists, has seen it in living people, there are numerous recordings of colonoscopies to prove it! I had my colonoscopy done with colonic prep, no herbs, and my bowel was pink. Dr Hiromi Shinya MD, who invented colonoscopic surgery and has seen tens of thousands of bowels, says in his book "The Enzyme Factor": The healthy person's colon is pink. People who regularly administer their own enemas have better functioning intestines and cleaner intestinal characteristics, free of stagnant stools and impacted faeces. *In contrast, for people who habitually use laxatives, whether chemical products, herbal medicine or natural herb teas - their intestinal walls become discolored and black. And the more medication they take, the worse the state of their intestine becomes, gradually slowing down intestinal movement. When intestinal movement stops, it becomes easier for stagnant stool to remain in the intestines, creating problems.*"

The reason why you see it on cadavers is that the enteric nervous system that works independently from the autonomic nervous system continues to manufacture stools after we are dead, for days. As we are not eating or drinking anything any more, the only things that go into the stools are dead mucosal cells, red blood cells, bacteria and parasites - all proteins. So the stools do look different and can resemble plaque.

Jane: Thanks for that, I was going to send you the same question, and I think your reply has loads of merit , and I am sure you have unintentionally???? opened up even more debate because so many people make money out of colon plaque with the preparations they sell!. These are some of my thoughts as I do see this kind of elimination allot even with out the use of psyllium or herbs.

1. what about mega colon that is full of old stool? is this not a mucoïd plaque?
2. what about more than one client who has come to me after a colonoscopy with impaction and the diagnosis by the gastroenterologist is faecal impaction for which he has prescribed various laxatives?

My take on this is that "Colon Plaque" is just a new buzz word for faecal impaction. Impacted faeces is often dark, hard , dry or rubbery and looks unlike normal looking stool ie balls strung together with mucous. Dark

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shiny very smelly stuff.

I seldom use herbs and other preparations with my clients but do use allot of juicing, it takes several colonics done close together to get these results that I see even with people who have regular good bowel movements, and they all say that it does not look like their normal BM and when they pass it on in the loo it stinks. With clients who are very constipate ie BM twice a week to once in a month, it takes many more colonics but this stuff eventually moves and it is not food that they have recently consumed. I think calling it plaque is the mistake, lets just call it "very old waste".

I tell my clients I think "Colon Plaque" is a buzz word for old stuff that has been staying in the colon too long and nobody knows how long it is and I would not like to guess, but what I do know is that they will feel better if we can get the colon as clean and healthy as possible and that will usually take a light diet, some juicing and a few colonics.

Interestingly it has been proven at our centre time after time with the Skio that absorption of nutrients is way better after a few colonics and removal of this old wastes.

Enid:I have long been deeply suspicious of this green rope that everyone photographs. I always thought it was the psyllium anyway, all smoke and mirrors. Speaking as someone who got bunged up on psyllium (before my first colonics with a colema board), I am relieved to hear the psyllium mixtures being put in their rightful lowly place. Nothing beats pure clean water and lots of it. Keep the potions and cellulose pastes for hanging wallpaper.

Tracey:Loved the mucoïd plaque bit - we did an experiment here after a deep cleanse week and although the colonics ran clear as soon we gave everyone psyllium and clay the 'mucoïd placque' magically appeared !

Jane: ... Hi Galina

Interesting international can of worms

I had this debate with J., a student on my last course who was adamant that the plaque sits in the colon in this ropey form until it is moved, she sells the very expensive "bessed herbs" product so she has a vested interest in believing in colon plaque. My argument to her is yes the waste is there and the products are very helpful in moving it, but one it is not sitting in the colon in that form the product draws some wastes and it comes out in that form, and two, very expensive products though they may have a place in the market for the rich who want something in a fancy box are not needed as some juiceing and colonics perhaps with some plain old psyllium husk will do the trick.

I forwarded the emails earlier to her and I thought you would be interested in her response which follows.

Hi Jane

I thought your answer was great and makes a world of sense. I've been doing a lot of reading on the net lately and it really alarms me that there is so much information out there condemning colon cleansing products and the idea of colon plaque. I've been baffled at how to respond to this question should a client ask me about the whole debate. I'm thrilled that you have seen this "old waste moved" without product!

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All I know is the truth I've experienced for myself from what I've seen come out of myself and my family...and how the shape, texture even smell of the "colon plaque" significantly changes with subsequent cleanses.

The thick rubbery, putrid smelling and looking plaque has thinned and become a lighter, brownny, mucousy skin.

If the plaque does not exist and if the product was creating the plaque as some people say, then the plaque should always look the same, it should look consistent at each cleanse as the product would be forming it in the same way each time. But this has not been the case with me. The last cleanse I did a about a month ago, presented with less plaque of all the cleanses I've done and near the end the apple/fibre gel product was being passed without plaque, which is to me an indication that there was no more waste to remove. This is the first time the gel has run "clear " at the end.

There's nothing like seeing plaque for yourself and experiencing the benefits of its removal first hand. One can only then decide for themselves which side of the debate they are on. I can't understand why no one has taken a piece of this "plaque " and tested to see what it is exactly, is it old waste... rubberized psyllium... solidified bentonite clay....mucous... impacted faeces? What is it, and why is no one lab testing it to give us a conclusive answer. I believe it exists, but we need pieces of it tested so we know and can tell our clients exactly what its composed of and assure them it is "plaque" and not just product or just some hocus pocus figment of our imagination.

I have not yet met with the gastroenterologist, my boyfriends father who is a doctor is supposed to arrange this meeting, but Ill be sure to let you know when I do. I'm sure it won't be fun trying to figure this out with him.... I would like to look into testing of the plaque and see if i can get this done myself. Im convinced but I need something more concrete than what's going on on the net. I need to dispel this "myth" for myself.

Galina: There is no doubt in anyone's mind that reduction in the motility of the colon and atony/development of diverticulae cause excess accumulation of faeces. In all scenarios, this accumulation is always the result of input into the colon exceeding the output of the colon. It can take different forms, the most common are constipation, obstipation (sever constipation), faecolith (faecal stone, often found in large diverticulae and the appendix); faecal impaction (dry hard stools in the rectum) and faecal incontinence of neuro-endocrine origin (especially in the elderly, people suffering from para- and quadriplegia, MS etc). There is also faecal vomiting which is caused by bowel obstruction/accumulation of faeces.

All these are well-researched. Faecal accumulation consists of hardened stools and causes decreased absorption and symptoms of toxic overload leading to chronic illness, in the same way as cholesterol accumulation causes the build-up of plaque in the arteries and undesirable side effects, such as high blood pressure, among others.

I completely agree with you that the combination of colonics and an enzyme-rich diet with a strong juicing element, as well as nutrient-rich retention enemas, coffee enemas, lymphatic stimulation, exercise and massage would both help prevent the formation of excess wastes and help eliminate the old matter.

I also completely agree that several colonics close together help deep rehydration which increases colon motility and helps pass the deposits that could have been stored in the less active haustrae of the colon, thus helping the bowel tissue to increase its tone and motility.

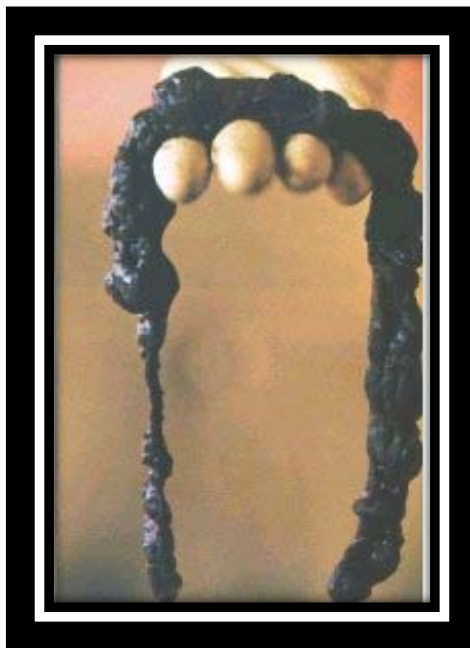
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But unfortunately, as you say, the "mucoïd plaque" buzzword is used instead by peddlers of herbal/psyllium/bentonite preparations which do not address the cause of the problem, dehydrate the bowel, discolour it, cause colon atony and are addictive (i.e. ever-increasing quantities are required to achieve the same result). In addition, as they are taken orally, these concoctions interfere with the absorption in the small intestine, accelerate the transit time in it and can cause malabsorption and nutritional deficiencies. So what used to be the local problem of the colon, which could be addressed with colonics, enemas in addition to juicing and lifestyle measures, becomes a global problem for the whole body. So more concoctions are sold...

And this is exactly what I was talking about at the conference. We as a profession are associated with these people, we repeat their lies on our websites and in our literature, and this has potential to wipe out all the good that we do. This is why doctors won't listen, because "mucoïd plaque" is a meaningless concept which simplifies the problem, frightens people, disempowers them and causes harm.

On our websites and in our literature, we need to address this issue and explain to our clients the value of rehydration and an enzyme-rich diet, and dissociate ourselves from unscrupulous people.



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BUSTED