

COLORECTAL CANCER

[00:00:00] **melissa:** [00:00:00] All right, Andi and I are back with another video and today we wanted to talk about, well, March is colorectal cancer awareness month. And the awareness that we want to draw everyone's attention to is the awareness of the GNM perspective of why does Colorectal cancer develop.

Isn't just a random thing? Is it because you've poisoned your body with bad foods? Is that why colorectal cancer develops or is there a biological, um, understandable reason that extra tissues would proliferate within the colon? What do you say, Andi?

Andi: [00:00:39] Oh, my gosh. Yes. I think you're onto something there, Melissa.

Yeah, absolutely. We know that there's nothing random in the body. And when it comes to our digestion, it's all about being able to assimilate our life. What's going on in our life. What can we take into our life? What can we eliminate? So we look at our small intestine and it's being able to absorb something in our life.

If we look at our colon, we're looking at an indigestible morsel conflict. And what that means is it's an idea. It's an event. It's something that happened. That's really hard to accept in your life and it has an ugly quotient to it. So it's, it's a betrayal, it's many issues, inheritance it's really icky stuff.

It can also be a shit conflict. So this is shitty. So thank you [00:01:30] that way as well.

melissa: [00:01:32] A crappy situation that you can't process.

Andi: [00:01:37] Yeah. Yeah. And you're having a hard time with it. So at the moment of the DHS, the conflict shock, your body began to shift to help you adapt. And it started growing cells in your colon.

Now your colon and your large intestines are the same thing. It's the last five or six feet of your GI track. All right. So in that track, you started to grow cells so you can digest that morsel, that event, that ugly thing that's going on and be done with it.

melissa: [00:02:08] And so it's so cool that our bodies help us, that you're not alone when you're experiencing something. We experience things in our head. We think, well, yes, I'm upset about this. Yes. You know, I can't accept this horrible betrayal or this horrible, ugly thing that I found out about. And it's just, I cannot process it, but your body steps in and helps you, you know, when it is a sufficient shock, when you cannot process it on your own, your body says I can help.

And the body has this ancient language, you know, and practically a lot of people sometimes will have trouble with that. It's like, well, how does it, how does a tumor in my colon help me process, this thing that's going on in my life. Well, it doesn't, but our biological ancestors,

the correlate, the, you know, the experience that you're having, there is a biological correlation.

[00:03:00] So the reason, you know, you can have this, this experience that's in your mind, it's not even a physical thing that you're dealing with, but your body has physical answers. And so that's where we honor our ancient ancestors and this, this physiology that has developed for our adaptation. And so that's, when you understand that your body has biological solutions to your emotional and your theoretical problems, it, it helps you to get on the level and get into rapport with your body. Your body is not attacking you. This colon tumor is not attacking you. It is not a, you know, a disease. It's not a problem. It's an adaptation. And so your role is to stop giving your body a reason to adapt. And so by understanding, your inability to process this thing, and your body has been stepping in, now you can see, this is why this, this colon cancer, this is why it developed. And that really just helps to discharge that, that feeling of your body attacking you, which is one of the most important things that this work helps you to, to understand and wrap your mind around that your, your body's on your side.

Andi: [00:04:07] Absolutely. So I want to talk about that little event that happens in the life of, especially in Americans, when you turn 50 and you get that little postcard that says. It's time for your colonoscopy because they want to go in and look just in case there's something growing, because you never know, things are randomly growing in our body - They believe. And of [00:04:30] course they're not. So here's what I say about colonoscopies, because I'm asked that. I've been a colon hydrotherapist so I'm intimately involved with colons and I get it. So, colonoscopy, what are they going to find? Well, they're looking for a polyp. What is a polyp?

It's nothing more than what we were just talking about. This little cell growth that occurs. Now, once we've gone through the PCL phase, the healing phase, normally we will break that tumor down. Sometimes we don't have the microbes to do that. So we'll encapsulate that little bit of a growth and it stays forever.

And that is called a polyp. And so they think that it's going to turn into something cancerous. Now they might also find a growth, call it a polyp when you're in the conflict active phase. And so that is actively growing. They're going to nip that in the bud, so to speak, they'll take all the polyps out if it's totally resolved, which if it's an encapsulated tumor, it is totally resolved.

Then there's no reason to be worried about anything. If you were in the conflict active phase and they took it out, and it's not resolved because you're conflict active. It will simply continue to grow. And that's when we go down a very slippery slope of, Oh my gosh, it's come back.

And now you have a diagnosis from the physicians and that starts [00:06:00] many other programs at that moment in is, like I said, a very slippery slope.

melissa: [00:06:04] Yes. And understanding also, the law of two phases. And so there's the adaptation during the conflict activity. So there's that growth. And then when you resolve

the conflict and a lot of times, especially with these indigestible morsels, they're often not just a one-time thing, they're a cycle.

And so if you are in a cycle where you're indigestible, not accepting something, angry about something, and then you resolve it and then you have blood in your stool. That's another way that people will end up getting diagnosed with a colorectal cancer is that you have blood in your stool because that's scary.

They know that's one of those things that they say, Oh my goodness, when there's blood in your stool, this could be a really, really bad thing. And so let's say you're a person who's dealing with this. And maybe it happened one time and you're like, okay, I don't want to go get it checked out yet. But you're not aware of the connection between the indigestible thing that's going on in your life and the process that's happening in the toilet.

And so when you can draw these connections, you, you can start to see, Oh, I resolve this conflict. I was feeling better about this situation,, just prior to when I had, this blood in my stool. And so when you can make that connection and you can , get out of fear, because when you're in that fear cycle that can add additional conflicts, just seeing that.

In and of itself can start creating a panic within you. And so that's the power of understanding. Why does my body adapt in the way that it does? Why would there be blood or [00:07:30] mucus in the stool or having, cramping going on and, and discomfort. So rather than panicking, understand, seek to understand what is the biological reason and meaning for the symptoms that I'm experiencing.

Andi: [00:07:44] Excellent.] Let's look a little further at the colon then. So we, you and I have talked many times about colonics, about colon hydrotherapy. What are your thoughts on that, Melissa?

melissa: In general, [00:07:56] I'm very much an intervention minimalist. And so, you know, I, I, I think about ancient ancestors and when we didn't have things like this or scopes or, you know, um, methods for, for clearing out the colon or doing things like that.

And so in general, I seek to minimize, um, intervention, but there are situations in which a cleansing of the colon with a Colonic or, you know, we'll talk about coffee enemas as well. Um, especially because it's such a hot topic and a lot of people think, Oh, if I just do this, this will, you know, fix all of my problems where they can get addicted to even the feeling of it.

But, Andi, I'd love to hear more from you just because this is your expertise and your past. Career really is in doing this type of therapy with people. When can it be beneficial? And when would you say a person should back off from it?

Andi: [00:08:49] Right. And that's, that's a really great point because I do think there are times when it's absolutely not important.

And when I had my wellness center, I turned people away because it's like, this is [00:09:00] not an appropriate use of colon hydrotherapy.

Usually people experience the intestinal muscle biological program, and that's not being able to pass an indigestible morsel. So like Melissa was saying something is going on in your life. It's icky, it's yucky and you can't get rid of it. Now there's that element of, I can't get rid of this. It's just lingering.

And that's when we have an increase in spasming, in our peristalsis, in the colon, elsewhere in our body and our GI track, then it slows down. And when our peristalsis slows down, that's when we'll collect the gases and have bloating and uncomfortableness. So I want to point out that your GI track is the only part of your body that's actually outside your body wellbeing inside your body. All right. The only way you can get anything out of it is through the assimilation, through the walls. And that's usually taking place is simulating the nutrients through the small intestine. ,

When your food enters your colon in your ascending colon, it's really liquidy. Well throughout your colon, as it progresses, you're drawing liquid from it. And as you do, it dehydrates and becomes a stool. And that's what you eventually pass. Now, if it's just not moving because your peristalsis, your rhythmic intestinal muscles, aren't moving it, that can be uncomfortable. And that's when people say, Hey, I think I'm going to try an enema. Or even a [00:10:30] colonic. And so for somebody who, who experiences that, I think an occasional colonic can be really advantageous. I've seen that happen. I've seen it totally change people's issues that are going on in their life.

Once they were able to pass their issue figuratively in the colonic, then their psyche shifted and the issue they were dealing with also cleared out. When I had my wellness center and I learned GNM, I was telling everyone about why we would use colonics and why we don't want to, and what else we want to be looking at to help our body, to pass those morsels that are hard for us to pass.

melissa: [00:11:09] And we were talking one time, you said something about, it's like a self guide. Like you do it yourself rather than, what is that called?

Andi: [00:11:16] There's two systems. There's a closed system and an open system. The closed system is the traditional one and that's where it's a fairly larger tube, and that is held in place by the colon hydrotherapist and then he, or she would be manipulating, kind of massaging on the stomach a bit and controlling the water in and the excrement going out.

That's not the system I chose to have. I did have a colonic on both an open and closed before I chose the system that I wanted. And I chose an open system, which means it's a very small speculum. It's inserted by one inch. You do it yourself and it stays in place. It's not invasive.

You're covered the whole time. And you're the one in charge instead of a colon [00:12:00] hydrotherapist regulating the water in and out. You're in charge yourself. And that to me is where the healing can take place, especially if you're also working on letting go of those issues in your life that are hard for you to deal with.

melissa: [00:12:16] It makes a lot of sense that you would kind of combine, you know, the psycho emotional release of processing, resolving the conflict. This is something that I do

recommend, you know, with people, if you are wanting to lose weight or you're wanting to change something about, if there's a physical issue that you're having, we have to address the, the, the conflict component.

Absolutely. We have to address what you're hung up on, what you're dealing with, but doing something like, for example, with hair loss, , there are these scalp exercises that you can do that helps to kind of bring blood flow back to the scalp. And, um, I've seen it be extremely successful, but you also have to resolve your separation conflict.

And so it's like doing the, the physical intervention, doing the exercise in and of itself. Isn't the fix, but when we do it and we combine it with conflict resolution. Like this example of, you know, what is the indigestible morsel that I can't pass, seems stuck. And so you kind of go into the colonic situation with the notion of I'm going to assist my body.

I'm going to flush things out, but I'm also, , and most importantly, resolving this conflict and passing through it. So I think that that's a very cool, [00:13:30] utilization of the conflict resolution and the physical type of intervention, which in and of itself can be such a huge shift for a person because so many times people will change their diet or they'll do something different, they'll say, Oh, that was the thing that fixed it.

But there was something greater going on within your psyche. There was something else that you were letting go of, which is the conflict, which really was the thing that brought about the shift and the change and the physical support, the colonic, the exercise, the diet, um, is a very helpful tool and marry them together, I think is really the, the best option.

Andi: [00:14:07] I love that you mentioned that because , when we talk about GNM, we're really talking about that really deep internal work, that personal growth, what has to change inside me in order for this SBS, this biological program to shift. But when we marry it, intentionally marry with things that are from the outside in versus the inside out then the two at some point meet.

And that's when that divine spark occurs. And it's like, Oh, I figured this out. I'm done with this now. And that, that conflict relapse stops and now we can move on with our life. So, yeah, that's, that's when I recommend colon hydrotherapy, because for that purpose, it can simply help somebody feel better.

First of all, because it does clean out stuff that maybe has been sitting there for a while. Which has been uncomfortable. And so just that alone. Oh [00:15:00] my gosh, it feels so much better. And that changes your psyche as well. That's a big help. It also is a wonderful way to cleanse your liver. So, um, people would bring in some detoxing herbs, like a tea, and we could also put that into the colon.

Well, the colon has a mesentery, blood vessel system that goes right to the liver. So if you want to bypass your GI track, as far as detoxing your liver and really go right to your liver, go right to it, through your colon. That can be super helpful.

melissa: [00:15:33] Well, actually, let's, let's talk about, cause you mentioned like herbal tea in the colonic. Um, also people, um, kind of a hot trend really is people doing coffee enemas.

And um, a lot of people do them to cleanse the liver and the gallbladder, but also I've, I've heard of people using it for pain management and in some kind, in some cases kind of getting addicted to the, the coffee enema.

So tell me a little bit about that.

Andi: [00:15:58] Yeah, I absolutely. So I used to have people that would bring their coffee in because they were doing coffee enemas at home and they were kind of tired of doing that.

So they would bring their coffee in and we'd put it into the tank and they would do a coffee colonic instead. And oftentimes it was an implant that they would hold. So, The challenge is that, like you mentioned, it's an, it's an addiction. Caffeine is a stimulant, a sympathetic stimulant. It increases Peristalsis.

Now I'm not a coffee drinker, but I do know [00:16:30] people who drink coffee to have a bowel movement. And so if you're running the intestinal muscle program and you're constipated, then using a stimulant is good for a quick fix. But it also creates a dependence and that's the same with coffee enemas. You can rely on the coffee enema, just like you rely on Miralax to move your bowels.

And while it is good in the moment, long-term use is not recommended because you're reducing your own ability to have your own peristalsis. So I also want to point out that constipation can occur with any conflict active phase. So if you're constipated, definitely look and see. Hmm. Am I conflict active on a regular basis right now?

Because you're running from a saber tooth tiger. So you're not relaxed enough to have a relaxing bowel movement and you could also be because you're dehydrated. So make sure you're getting plenty of fluids as well.

Melissa: Now another question I had with, with frequent coffee enemas, and this is kind of a side question too, with coffee enemas, or even things like vitamin C therapy, you know, from the GNM perspective, you know, coffee is a sympathetic stimulant, vitamin C is a sympathetic stimulant, do we know the extent to which that, say, stops the healing phase. So let's say you're in the healing phase and you're dealing with symptoms of swelling. And you're trying to mitigate that with vitamin C or, or coffee. Uh, do we know [00:18:00] how much, like, how much is too much? What stops the healing phase?

You know, is there a way to know.

Andi: I mean, it's a case by case basis. You'd have to take every single person. What's their history. You know, how old are they? How many milligrams of vitamin C are they're going to take? Is it oral? Is it IV? And you'd have to figure that out for every person. Yes. There's a point where each of those will be a lot.

And so you will slow down the healing phase when you do that, because those are sympathicotonic, like you mentioned. So it lifts them out of the vagotonia, the healing

phase. And so there might be times when that's important to do, because they're so uncomfortable. But when we do that, it does make that PCL phase longer.

So people need to be aware that that's what they're doing.

melissa: Yes. [00:18:46] And so these are just all things to keep in mind, you know, as you're understanding why my body's doing what it's doing. How can I best support it? How can I best make myself comfortable, maybe ease some of the additional discomfort or, you know, clean things out to feel better? You know? Uh, there, there is no like, right way, wrong way. It's, you know, you are an individual and what makes sense to you and the things that you choose to do, um, has to be based on what makes sense to you and what you know, not feeling as though you're pressured to do something, you know, experimenting with different ways of supporting yourself through, a healing of reconstruction.

Restoration phase is very important. And so being open to, to trying different things [00:19:30] and, um, but then ultimately not relying on the external, knowing that, you know, my body really it's got it. Like, that's what I said about being a minimalist with things I really, I trust my body and I really want to support just the, the natural way of, of what my body knows to do in this situation.

Um, and any of the extra stuff, you know, just make sure that you are paying attention to how you feel, you know, and what is this um, shifting within me, is this helping me? Um, or am I getting addicted to some of these, you know, cleansed out feelings or, you know, coffee in my, you know, in the enema?

Andi: [00:20:06] Right. And I love that you mentioned that because.

There are so many people that are focused on the external. I need to do this. I need to take all these supplements. I need to do this. And they get stuck in the process of relying on all of those things to heal them. And that's really detrimental. So I'm really glad you mentioned that. It's really important that people understand what this issue is, what's this therapy, what is the supplement? What is it doing and why? And the big question to ask yourself is, is it supporting my PCL, my healing phase? And if it is, how? Understand that and understand, well, how long will I take this for, knowing that healing isn't coming from it.

It's simply supporting my process.

melissa: Yes[00:20:53] and one thing I just remembered that we didn't mention in the beginning when we were talking about the, you know, the, the [00:21:00] colorectal biological program and the indigestible morsel, there are situations, so if you've had, an indigestible morsel conflict for a very long time, and it's been, you know, unresolved, and there's just this mass growing, um, it is possible for it to grow to a point where it blocks passageway, and that is dangerous. And so, you know, for people who are unfamiliar with GNM or kind of just read a blurb and they assume, Oh, you must be against all medical intervention or, you know, you're against doctors. That's not the case at all whatsoever, because there are certainly situations in which medical intervention is very helpful and life-saving, and the colorectal tumor, that's very, very large, that's one of those situations. Because the, you know, not only is it blocking things, but the decomposition process, if a

person were to fully resolve whatever this big indigestible morsel conflict is, the healing process would be intense and very long. And, with a lot of potential for relapse and complication.

And so in those cases, Surgery is the way to go. Get it, remove it, definitely understand the conflict so you don't relapse back into it. But, um, but yeah, surgery in, in certain circumstances is exactly what is the best thing to do.

Andi: [00:22:21] And that's when it's best to really talk with somebody who knows who knows German New Medicine, who can assist you with that decision and at least give you information so you're, [00:22:30] well-informed. So I'm so glad you mentioned that Melissa. So important.

melissa: [00:22:33] And one day who knows, you know, the, the medical world and the GNM world, we'll meet up and we'll have surgeons who take this into consideration. Cause that's one of the things too, that's kind of when you are in that world and you're in this position where you're like, okay, I'm going to have the surgery and have this removed.

The, often, the surgeon is going to want to take a lot of your colon or, uh, you know, take more than is necessary because they fear spreading and they want to make sure they get everything or they'll take more than is necessary when really, if there's a large tumor, they just need to resect that one section and remove just that, like do as minimal intervention as possible.

Um, but unfortunately that's not the model. The model is, this is just dangerous and you know, you'll have the surgery and then they'll want to chemo you too in order to, you know, get any of the stray cells. But when you understand this logical orderly biological process, that's taking place, you'll see, you know, this is what I want this, I just want this removed and that's all.

And so sometimes, , you might have to shop around for surgeons who will, do things as you'd prefer them to be done.

Andi: [00:23:39] That's when you have to be your own best advocate and you can. You have the right to be your own patient advocate. Absolutely.

melissa: [00:23:48] Awesome. I think we'll wrap it up for this one.

And thank you for watching. Leave your comments, let us know questions or topics you want us to cover in the future.

Andi: [00:23:57] Sounds great. See you next time. [00:24:00]