An enema is “a fluid injected into the rectum for the purpose of clearing out the bowel, or of administering drugs or food.” The word itself comes from the Greek “en-hienai,” meaning to “send or inject into.” The enema has been called “one of the oldest medical procedures still used today.” Tribal women in Africa, and elsewhere, routinely use it on their children. The earliest medical text in existence, the Egyptian Ebers Papyrus, from 1500 B.C., mentions it. Millennia before, the Pharaoh had a “guardian of the anus,” a special doctor, one of whose purposes was to administer the royal enema.

The Greeks wrote of the fabled cleanliness of the Egyptians, which included the internal cleansing of their systems through emetics and enemas. They employed these on 3 consecutive days a month said Herodotus (II.77) or at intervals of 3 or 4 days, according to a later historian Diodorus. The Egyptians explained to their visitors that they did this because they “believed that diseases were engendered by superfluities of the food,” a modern-sounding theory!

Enemas were known in ancient Sumeria, Babylonia, India, Greece, and China. American Indians independently invented it, using a syringe made of an animal bladder and a hollow leg bone. Pre-Columbian South Americans fashioned latex into the first rubber enema bags and tubes. In fact, there is hardly a region of the world where people did not discover or adapt the enema. It is more ubiquitous than the wheel. Enemas are found in world literature from Aristophanes to Shakespeare, Gulliver Travels to Peyton Place.

In pre-revolutionary France, a daily enema after dinner was de rigueur. It was not only considered indispensable for health but also practiced for good complexion as well. Louis XIV is said to have taken over 2,000 in his lifetime. Could this have been the source of the Sun King’s sunny disposition? For centuries, enemas were a routine home remedy. In recent times, the routine use of enemas died out. The main times that doctors employ them nowadays are before and after surgery and childbirth. Difficult and potentially dangerous barium enemas before colonic X-rays are of course still a favorite among allopathic doctors.

The coffee bean has an interesting history. It was imported in Arabia in the early 1500’s by the Sufi religious mystics, who used it to fight drowsiness while praying. It was especially prized for its medicinal qualities, in both the Near East and Europe. No one knows when the first daring soul filled an enema bag with a quart of java. What is known is that the coffee enema appeared at least as early as 1917 and was found in the prestigious Merck Manual until 1972. In the 1920’s, German scientists found that a caffeine solution could open the bile ducts and stimulate the production of bile in the liver of experimental animals.

Dr. Max Gerson used this clinically as part of a general detoxification regimen, first for tuberculosis, then cancer. Caffeine, he postulated, will travel up the hemorrhoidal to the portal vein and then to the liver. Gerson noted some remarkable effects of this procedure. For instance, patients did not need their usually prescribed painkillers once on the enemas. Many people have noted the paradoxical calming effect of coffee enemas. And while coffee enemas
can relieve constipation, Gerson cautioned: “Patients have to know that the coffee enemas are not given for the function of the intestines but for the stimulation of the liver.”

Coffee enemas were an established part of medical practice when Dr. Max Gerson introduced them into cancer therapy in the 1930s. Basing himself on German laboratory work, Gerson believed that caffeine could stimulate the liver and gall bladder to discharge bile. He felt this process could contribute to the health of the cancer patient.

Although the coffee enema has been heaped with scorn, there has been some independent scientific work that gives credence to the value of the coffee enema. In 1981, for example, Dr. Lee Wattenberg and his colleagues were soon able to show that substances found in coffee, kahweol and cafestol palimate, promote the activity of a key enzyme system, glutathione S-transferase, above its normal activity. This system detoxifies a vast array of electrophiles from the bloodstream and, according to Gar Hildenbrand of the Gerson Institute, “must be regarded as an important mechanism for carcinogen detoxification.” This enzyme group is responsible for neutralizing free radicals, harmful chemicals now commonly implicated in the initiation of cancer. In mice, for example, these systems are enhanced 600% in the liver and 700% in the bowel when coffee beans are added to the mice’s diet.

Dr. Peter Lechner, who is investigating the Gerson method at the Ladneskrankenhaus of Graz, Austria, has reported that “coffee enemas have a definite effect on the colon which can be observed with an endoscope.” F.W. Cope (1977) has postulated the existence of a “tissue damage syndrome.” When cells are challenged by a poison, oxygen deprivation, malnutrition or a physical trauma they lose potassium, take on sodium and chloride, and swell up with excess water. Another scientist (Ling) has suggested that water in a normal cell is contained in a crystalline structure. Being alive requires not just the right chemicals, but also the right chemical structure. Cells normally have a preference for potassium over sodium, but when a cell is damaged it begins to prefer sodium. This craving results in a damaged ability of cells to repair themselves and to utilize energy. Further, damaged cells produce toxins; around tumors there are zones of “wounded” but still non-malignant tissue, swollen with salt and water.

Gerson believed it axiomatic that cancer could not exist in normal metabolism. He pointed to the fact that scientists often had to damage an animal’s thyroid and adrenals just to get a transplanted tumor to “take.” He directed his efforts toward creating normal metabolism in the tissue surrounding a tumor.

It is the liver and small bowel that neutralizes the most common tissue toxins: polyamines, ammonia, toxic-bound nitrogen and electrophiles. These detoxification systems are enhanced by the coffee enema. Physiological chemistry and physics has stated “caffeine enemas cause dilation of bile ducts, which facilitates excretion of toxic cancer breakdown products by the liver and dialysis of toxic products across the colonic wall.”

In addition, theophylline and theobromine, two other chemicals in coffee, dilate blood vessels and counter inflammation of the gut; the palimates enhance the enzyme system responsible for the removal of toxic free radicals from the serum; and the fluid of the enema then stimulates the visceral nervous system to promote peristalsis and the transit of diluted toxic bile from the duodenum and out of the rectum.

Since the enema is generally held for 15 minutes, and all the blood passes through the liver, the palimates enhance the enzyme system responsible for the removal of toxic free radicals from the
serum; and the fluid of the enema then stimulates the visceral nervous system to promote peristalsis and the transit of diluted toxic bile from the duodenum and out of the rectum. Furthermore, since all the blood passes through the liver every three minutes, “these enemas represent a form of dialysis of the blood across the gut wall.” The research by Sherry Rodgers, MD author of Detox or Die, suggests that there is no stimulatory effect of the adrenals from a coffee enema. The personal experience of Gabriel Cousens, MD supports her findings.