

# CONSTITUTIONAL HYDROTHERAPY: FROM NATURE CURE TO ADVANCED NATUROPATHIC MEDICINE

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## ABSTRACT

The following article presents the history, philosophy, and therapeutics of constitutional hydrotherapy. Constitutional hydrotherapy, a modern addition to traditional Nature Cure, supports the first tenet of naturopathic medicine: *Vis medicatrix naturae* (the healing power of nature). Acute and chronic case histories are discussed in relation to the model of healing, giving an idea of what can be accomplished when allowing an individual's "vital force" to heal disease.

Modern naturopathic physicians have deep historical roots with the long-time traditional healing practice called Nature Cure. It's been the author's observation, however, that most modern-day naturopaths don't utilize the basic tools of Nature Cure in their practices. And according to a recent, informal survey, only a handful of naturopaths at present practice constitutional hydrotherapy—a very essential and effective modality (1).

It is proposed that the old modalities are still as therapeutically effective and even more essential today than they were 100 to 200 years ago. This is demonstrated by examining recent case histories and reflecting upon the tradition of naturopathy. Constitutional hydrotherapy (CH) has played a very personal role in the author's life. Not only did her father utilize CH extensively in his naturopathic practice, but since graduating as a naturopathic physician from National College of Naturopathic Medicine in 1990, she has also relied on this treatment as a mainstay of practice. This article's purpose is to give a glimpse of what may be achieved if the health practitioner supports the *Vis medicatrix naturae* (literally, the healing power of nature) utilizing one of the most powerful therapies of Nature Cure — hydrotherapy.

Although water as a healing medium has been used for thousands of years, hydrotherapy — also referred to as hydrotherapy (2) — was popularized in the 1800s by Father Sebastian Kneipp as the Kneipp water cure (3). His expertise was passed on to many pioneers of naturopathic medicine including Alex LeDoux, MD, Benedict Lust, ND, and Henry Lindlahr, MD (4). In the 1890s a young man stricken with arthritis healed his affliction under the guidance of Dr. LeDoux who had studied with Father Kneipp. This young man was so inspired that he in turn studied with Dr. LeDoux and Dr. Lindlahr in Chicago from 1904 to 1908, at which time he then brought his talents west to Spokane, Washington where he became licensed as a sanipractor. This man was Dr. Otis G. Carroll. Dr. Carroll (usually referred to as O.G.) was also an electrician and was intrigued by the emerging field of electrotherapy utilized by John Harvey Kellogg, MD (5). Based on this interest, O.G. decided to combine the applications of hot and cold packs with electrical stimulation and called it a "constitutional hydrotherapy" (6,7). According to Dr. Carroll, the constitutional hydrotherapy was twice as effective in a much shorter time than the standard hydrotherapy of the day. Previously, a typical session of hydrotherapy would last two to four hours with alternating hot and cold baths, showers, or infusions. The constitutional treatment lasted 45 to 60 minutes and required fewer sessions to achieve the same

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results. This, says Dr. Bill Carroll (6), was the most significant advance in hydrotherapy since Father Kneipp's time.

After World War II Harold Dick (the author's father) was a mechanic who set up a garage business in Caldwell, Idaho. His brother and business partner was terminally ill with stomach ulcers which surgery had failed to cure. His wife, Ruby, was severely crippled with rheumatoid arthritis. One day a traveler's car broke down and was towed into the shop. The traveler happened to be Dr. Carroll's accountant. After much persuasion the traveler talked Harold into taking his wife and brother to Spokane to become O.G.'s patients. The health results were astounding. His brother's stomach ulcers healed quickly and his wife was free from arthritis within 18 months. Harold soon walked away from his thriving business in Idaho, much to the dismay of his father, and moved his family to Portland, Oregon to study naturopathy at Western States Chiropractic College. Dr. Dick graduated in 1955 with dual degrees in chiropractic and naturopathic medicine. O.G. then accepted Dr. Dick as a resident for three years at his clinic. There Harold learned the therapies which were almost lost to the naturopathic profession as little as 45 years ago, including constitutional hydrotherapy. Today, many naturopathic physicians consider Dr. Dick as a pioneer and one of the founding fathers of constitutional hydrotherapy.

### THERAPEUTIC BASIS AND SPECIFIC TECHNIQUES

Constitutional hydrotherapy was so named by O.G. because, in his view, it changed the very constitution of the cells of the body (6). It was his theory that this therapy increases cellular metabolism, oxygenation, digestion and assimilation of nutrition, and elimination of toxins from the body. Clinically an increase in the white blood cell count is seen.<sup>1</sup> This increase boosts the immune system function to attack infectious agents or decrease inflammatory reactions. During his training at Western States College, Dr. Dick reported studying these effects by examining pre and post-hydrotherapy blood draws on patients, as well as barium studies and dye injection studies on the liver and gallbladder. Based on his unpublished reports, Dr. Dick concluded that constitutional hydrotherapy increases digestion, assimilation, and elimination of the body, supporting normal physiologic function (7).

According to a recent Medline search, no studies were located specifically on constitutional hydrotherapy in the past 50 years. For this reason, the information presented here is primarily historical. The following explanation on how to apply constitutional hydrotherapy is based on the work of Drs. Dick and Carroll.

Constitutional hydrotherapy begins with the patient lying supine, bare from the neck to the pelvis (see Figure 1). Two wet hot bath towels,

wrung out so that they are not dripping, folded in half, are layered on the patient from the collar bones to the pubic area, then covered with a wool blanket (see Figure 2). Wool blankets are utilized to allow body heat to remain next to the skin yet allow air to circulate around the therapy towels. These towels are left on for five minutes while a wet cold towel and a wet hot towel are prepared.

When time is up, the fresh folded hot towel is placed on the two cooled down hot towels; these are then flipped over to apply the fresh hot towel on the patient. The two spent hot towels are removed. Next, the folded cold towel is placed on the fresh hot towel and again flipped to apply the cold towel to the skin and the hot towel is removed. This flip process requires about 30 seconds to execute. The cold towel is then covered with a wool blanket and the patient is allowed as many blankets as he/she desires over the wool. The body's reactions to the hot then cold application are many. One effect is a change in circulation. As might be expected, the heat of the first towels draws blood flow to the epidermis, made apparent by a reddening of the skin. This same mechanism occurs after lying in a hot bath. The cold towels exert the opposite effect, and encourage blood and lymphatic fluid to retreat away from the body's surface into the body core. This same phenomenon occurs when a person is exposed to cold temperatures out-of-



FIGURE 1

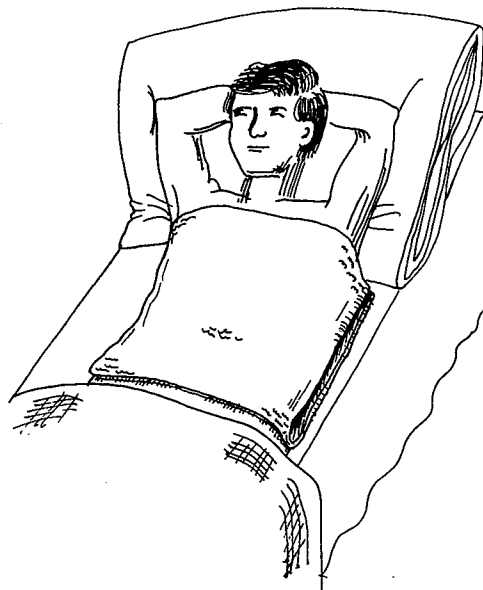
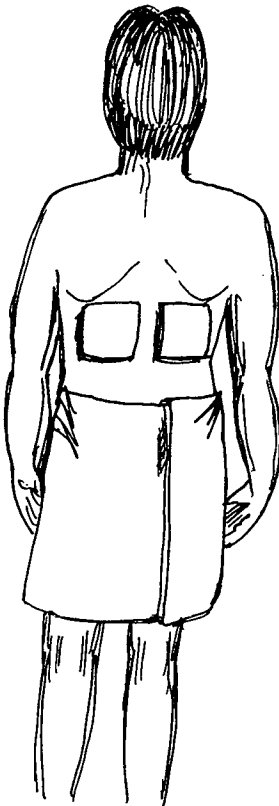


FIGURE 2



**FIGURE 3**  
(Patient Supine)

doors; an extreme example is hypothermia. As the cold towel warms up, blood and lymphatic fluid return to the epidermis. This series of circulatory events is referred to as re-ulsive and derivative effects respectively (8). According to Dr. Dick, this treatment benefits blood circulation both in general, and specifically through the liver and spleen, as well as enhancing lymphatic flow.

Also at this time, a sinewave electrical muscle stimulator is applied to the back with two moist pads placed bilaterally at the level of T5 on each side of the spine (see Figure 3). The sinewave machine is set on "surge" for 10 minutes. The patient is given access to the controls so he/she can adjust the intensity of the electrical stimulation to the point of contracting the upper epigastric and diaphragmatic muscles. This should be a firm sensation, but not painful. This specific use of electrical stimulation is assumed to cause smooth muscle contraction of the ducts of the pancreas, stomach, gallbladder, and liver thus supporting digestive enzymatic production and circulation.

After 10 minutes have passed with the sinewave therapy in conjunction with the cold application on

the chest, the cold towel (now warmed to body temperature) is removed and the sinewave pads are repositioned. One pad is placed at the T10 area of the spine and the other is placed on the upper-epigastric (or solar plexus) area of the abdomen (see Figure 4). Again the patient is able to adjust the intensity to tolerance so as not to overwork the smooth muscles, yet still achieve a firm contraction. This second setting is without any water application and is timed for 10 minutes. The intent behind this second sinewave setting is to stimulate the lymphatic tissues surrounding the intestines; clinically, it is believed that an influx of white blood cells will enter the vast capillary network in the region.

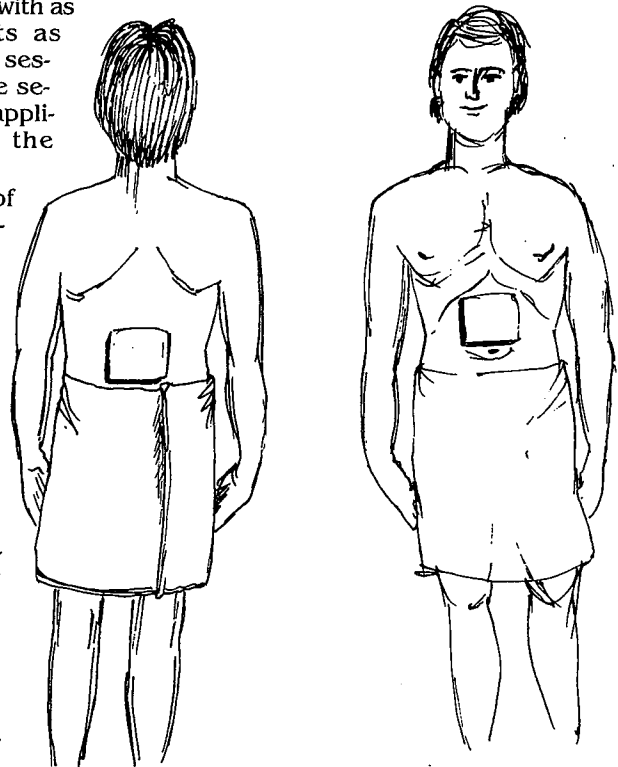
The next step is to remove the sinewave therapy machine, have the patient turn over to a prone position and apply two hot wet towels to the back from the base of the neck to the top of the buttocks (see Figure 5). These hot towels remain on the patient for five minutes and are covered with a wool blanket. Then the "flip" is done, replacing the two old hot towels with a fresh hot towel momentarily, which is then flipped so one cold wet towel can be applied to the patient. This is also left on for 10 minutes, and as before, the patient is covered with as many wool blankets as needed. This second session is a repeat of the series of hot and cold applications that began the therapy on the chest.

Upon completion of the entire constitutional hydrotherapy, a dry towel is used to rub down the patient's back. Patients state this is an invigorating part of the therapy which allows them to leave the clinic in an alert and refreshed condition.

Constitutional hydrotherapy is easily modified (and often is) to fit individual needs or conditions. For example, to treat a broken bone, two sinewave pads are applied to the afflicted area or limb with constant electrical current

for five to 10 minutes. The author's clinical evaluation in such a case reveals an increase in blood flow to the site of injury and an increase in bone recalcification.<sup>2</sup> Other physiotherapeutic techniques can be integrated along with CH, including diathermy, galvanic, or vita-ray (a violet ray therapy used often during the 1950s and 1960s to help decrease inflammation and speed connective tissue repair). These modalities are currently utilized at the author's clinic in Spokane.

While monitoring a hydrotherapy patient's progress, it is beneficial to note subjective findings, including digestive changes, appetite, extremity swelling or edema, menstrual changes, as well as objective findings such as skin color and tone; tongue coating, color, wetness, and thickness; pulses as diagnosed in Chinese and Ayurvedic medicine; heart and bowel sounds (see Table 1). Other ways to monitor CH are via oral temperature and urine specific gravity (see Table 2). These objective findings guide the practitioner in determining the type of constitutional hydrotherapy needed, the number of sessions required to accomplish the healing goal, and to



**FIGURE 4**  
(Patient Supine)

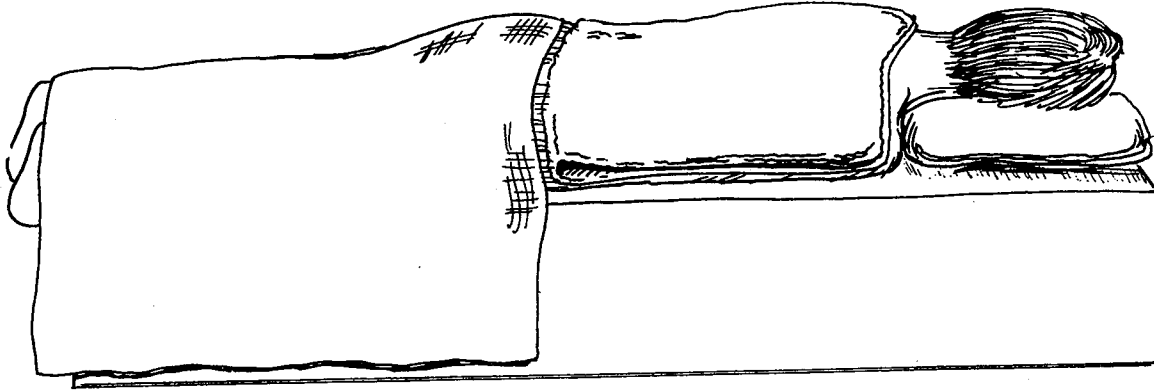


FIGURE 5

indicate when a "healing crisis" may arise.

This latter concept—that of a healing crisis or reaction—is one handed down to the modern naturopathic profession from its predecessors, and one that seems very applicable to CH. In fact, it has been said that this is a necessary part of the healing process (9). Constantine Herring, a pioneer of Homeopathy, said a re-creation of a previous illness will arise to be totally healed by the vital force, allowing the body to return to homeostasis or health as stated in Herring's *Laws of Healing* (10). According to Dr. Dick, CH supports the body's ability to create a discharge or healing crisis, thus allowing the body to return to this normal and optimal level of health. Dr. Dick often said, "The main goal in constitutional hydrotherapy is to cleanse and purify" (7). In other words, the outcome of true healing is a detoxification or cleansing of the body that, in his clinical view, results in a strengthened immune response and appropriate physiologic function of organs. According to the late Joseph A. Boucher, ND, "The essence of all disease is the accumulation in the system of waste matter and impurities due to wrong habits of living. The elimination of this toxic matter (called toxemia) from the body is what nature is striving for all the time. It is through detoxification... that the healing latent within all of us can be given a free hand to function" (11). Current day naturopaths adhere to the philosophy as well, including Jared Zeff, ND, who in his "process of healing model" states, "it is evident that to return to a normal state of health from a diseased state, a discharge must first occur" (9).

#### CASE STUDIES AS EVIDENCE

Contraindications to constitutional hydrotherapy may include patients on immunosuppressive therapy such as methotrexate. Also, persons who have had an organ transplant and are on anti-rejection medications may not be good candidates for hydrotherapy. A tissue rejection reaction may be initiated by boosting the immune function through hydrotherapy. However, one case of utilizing CH on an organ recipient patient has been reported with beneficial outcome (12). This is an area that should be investigated further. The physician should ask the patient whether he/she has any silicon or metal implants of any kind or pacemakers. Particular physical therapy machines (magnatherm/diatherm) used as part of CH pose risks such as tissue injury, malfunction of the pacemaker, or destruction of the silicon implant.

Constitutional hydrotherapy is a part of Nature Cure as utilized by Dr. Carroll, Dr. Dick, and the author, totaling over 85 years of practice. To highlight the positive effects of CH several case examples follow. In most cases CH was one part of a comprehensive protocol that included such therapies as dietary advice and herbs. Even so, it is believed that these cases demonstrate clinically that hydrotherapy is safe, effective, and useful for acute and chronic health problems, and a useful adjunct for naturopathic care.<sup>3</sup> It is hoped that presentation of these clinical observations will stimulate more interest in the use of constitutional hydrotherapy, as well as identify the need for research on the reproducibility of its therapeutic outcomes.

#### CONSTITUTIONAL HYDROTHERAPY FOR ACUTE CONDITIONS

These are extreme cases of acute conditions, but nonetheless treated by non-invasive and physiologically supportive constitutional hydrotherapy as part of Nature Cure and traditional naturopathic modalities. In addition to the following conditions, it has been the author's experience and observation during and after her apprenticeship under Dr. Dick that many other acute illnesses also respond to this natural approach including sinusitis, bronchitis, otitis media, laryngitis, food poisoning, insect or animal bites, cystitis, various common childhood diseases, and viral or bacterial infections.

#### CASE #1: A FOUR DAY RESOLUTION OF ACUTE SEPTICEMIA

A 10 year old male presented with septicemia of his right foot. The boy had worn hot leather tennis shoes all week in 100-degree temperatures and developed a heat rash on his foot. This quickly became infected. By the time he complained of pain to his mother, he had a red runner up the leg to his knee. He could not put weight on the foot due to the inflammation. Septicemia has been successfully treated at the author's clinic numerous times without antibiotic therapy. If there had been no progress within 24 hours, antibiotics would have been considered for therapy.

A physical examination was performed. No systemic fever was noted. The affected leg was hot and tender to palpation. The local rash appeared weeping and fiery red. No swollen nodes were found. A diagnosis of blood poisoning or septicemia of the right leg was made.

The following treatment plan was instigated:

Day 1: Constitutional hydrotherapy given with extra sinewave stimulation to the foot, 10 minutes on constant current. This is believed to stimulate lymphatic circulation at the site of the infection. The wound was cleansed with *Calendula officinalis* (calendula) succus and bandaged with a black salve poultice (see Appendix A). This particular salve is a powerful drawing salve originated by Dr. Carroll. He felt it pulled the toxins out of a wound. Instructions were given for a cold wet sock treatment overnight on the right foot (see Appendix B). This local treatment ensures continued circulation through the infection site while also aiding in the relief of pain for the patient. Dietary recommendations were light vegetables and whole grains to ease the burden on the digestive system.

Day 2: The red runner was gone with the inflammation being localized to the wound. The foot was swollen but not as tender to palpation this day. CH was given again with an extra setting of constant sinewave stimulation to the foot. Again black salve poultice was applied as well as a cold sock treatment performed at night

Day 3: The child's temperature was 101 degrees orally. He had no appetite. This was evaluated by the author as a healing sign and was not suppressed with fever reducers or antibiotics.<sup>4</sup> The foot was less swollen, slightly pink around the healing rash and the boy could now walk with full weight to the affected foot. A constitutional hydrotherapy was given again with constant sinewave as before. As there was a fever now, the child was fasted and allowed only water until the fever broke.

Day 4: The boy's fever broke early the next morning. He was then fed broth for the day followed by easy to digest foods including steamed vegetables, rice, and soup for the next two to three days. Another constitutional hydrotherapy was given to ensure complete recovery and the child was released from care.

**CASE #2: ACUTE GLOMERULAR NEPHRITIS**

In 1994 an eight year old male presented with an established diagnosis of glomerular nephritis. He was in acute distress. The child had a low grade fever fluctuating between

100 and 101 degrees, as well as extreme edema of his entire body. His parents reported he had been voiding very small amounts of concentrated urine frequently. The child complained about an extreme backache. He was not thirsty.

Upon examination, the boy's eyes were swollen shut. Visually, bilateral kidney swelling was evident on his back which was very tender to touch. His respiration was rapid. The child's heart sounds were extremely labored denoting stress in his digestive system. (This method of diagnosing or assessing a patient's condition by listening to the tone of the heart beat was developed by Drs. Carroll and Dick (see Table 1).) The boy's skin color was yellow as were the sclera of his eyes. The child's abdomen was distended with ascites, but non-tender. At this point it was strongly suggested that the child be hospitalized, but due to religious reasons his parents requested only natural therapies. Day-by-day treatment of the child was agreed to, but if symptoms worsened hospitalization would be required. He was monitored with a daily urinary analysis (UA). The following was the treatment plan.

Day 1: A constitutional hydrotherapy was given to stimulate total body metabolism and boost immune and liver function. An herbal diuretic tea (*Equisetum hyemale* (scouring rush), 1 Tbs./cup boiling water taken tid) was prescribed.

Day 2: The boy's urinary output increased by approximately 10 to 20% and he was now slightly thirsty. He had a 100 degree temperature with all other symptoms remaining the same. Constitutional hydrotherapy was given and a homeopathic remedy, *Cantharis 30C* tid, was prescribed. This remedy was chosen based upon keynote symptoms in Boericke's *Materia Medica* of 'intolerable urging and tenesmus. Nephritis with bloody urine.'

Day 3: Signs and symptoms remained the same. CH was given again. At this point the past history of the case was investigated more thoroughly. The parents had adopted the child as an infant knowing he had chronic degenerative nephrotic syndrome. They were told that without dialysis, high doses of corticosteroids, and probably a kidney transplant, he had very little chance of surviving past the age of three. The parents had brought him to Dr. Dick from the hospital six and a half years before. They said, "Your dad fixed him up so we thought you could do the same again."

After Dr. Dick's care, the boy had been symptom-free for over six years. Questions were asked about the child's diet, environment or other possible aggravators. After much thought the parents realized that the only factor in his life that was different was the water he was drinking. Their well had gone dry and they had tapped into their neighbor's water supply. The neigh-

**Heart and Bowel Sound Indications as developed by Dr. Harold Dick:** Experience and hands-on training are important to fully understand this terminology and method of diagnosis, much like learning pulse diagnosis.

Heart sounds	Clinical significance	Physiotherapy indicated
sharp	congestion in the upper G.I.; stomach, gall bladder, pancreas	sinewave
dull	congestion of the lower G.I. tract; small intestine, colon	diatherm
fast	systemic fever, inflammation	sinewave
slow	sluggish circulation, poor digestive tone, often low stomach acid	either
Bowel Sounds	Clinical significance	Physiotherapy indicated
quiet, or no sound	sluggish G. I. tract	sinewave
hyperactive, gurgling	overactive G. I. tract, possibly diarrhea, colitis	diatherm (sedates/calms)
Pounding heartbeat audible in upper epigastric area	inflammation in upper G.I. tract	sinewave

TABLE 1

bor had a water softener and the child was now drinking salt-treated water. Dr. Dick originally had determined the boy to be intolerant to potato and potato derivatives, which the parents diligently avoided in his diet. Knowing that most water softening salt as well as table salt has dextrose or potato sugar added to them, the parents were instructed to switch him to drinking only distilled water.

Day 4: An immediate change took place in the child's health. This day a lightening of his heartbeat could be heard. The heartbeat had been very heavy and very labored in both S1 and S2. Now it sounded lighter, a sign used by CH practitioners, that the heart was ejecting with ease and that the patient was improving systemically (see Table 1). The child's outward appearance had not changed. The parents were told to expect drastic positive changes in the next few days. Again a constitutional hydrotherapy was given.

Day 5: The parents reported that during the night the boy began voiding one-half to one cup of urine hourly. The fever broke, he was hungry and he no longer appeared jaundiced. The edema had decreased by 50%. His eyes were now visible without parting the eyelids manually. Another CH was given with instructions to begin feeding the boy only vegetable broth.

Day 6: Most of his edema was gone. The boy's vital signs and UA were normal. His parents were instructed to feed him lightly with only vegetables and whole grains, and to begin protein foods such as beans, fish, or chicken slowly as his appetite and strength increased. Constitutional hydrotherapy treatments were given daily for another week to ensure that his organs were fully functional and that the boy's kidneys were stable.

#### **CONSTITUTIONAL HYDROTHERAPY FOR CHRONIC CONDITIONS**

The following are just a few of the chronic conditions which have been successfully treated with constitutional hydrotherapy. The results obtained are always dependent upon a number of factors: the patient's vital force (the body's innate ability to heal itself); the level of toxemia (the inappropriately high level of metabolic waste products and exogenous toxins in the blood and tissues); environmental, men-

tal and emotional factors; past surgeries; and how many medications they have or are currently taking. Based on the experiences of Dr. Dick (7), severe infections in a debilitated person are much less likely to resolve with CH, or any other form of intervention including conventional medicine, than a person with a strong immune system. Each patient must be evaluated individually because no two individuals or health circumstances are the same.

Henry Lindlahr MD in 1919 stated that "... Chronic supposed-to-be-incurable diseases such as tuberculosis, cancer, locomotor ataxia, paresis, paralysis agitans, infantile paralysis, secondary and tertiary syphilis, etc., yield to the natural treatment provided there is enough vitality in the system to respond to treatment and the destruction of vital parts and organs has not too far advanced" (4).

Historically (and in the author's clinic) chronic conditions which are safely and effectively treated with CH include asthma, emphysema, chronic obstructive pulmonary disease, congestive heart failure, hypertension, hypercholesterolemia, multiple sclerosis, Lupus, Sjogrens disease, irritable bowel syndrome, ulcerative colitis, cancer (all types), eczema, psoriasis, migraines, seizure disorders, attention deficit disorder, attention deficit hyperactive disorder, and others.

#### **CASE #3: RHEUMATOID ARTHRITIS**

A two year old female presented with juvenile onset rheumatoid arthritis. This child had been seen by numerous specialists. The parents were told prednisone and a wheelchair were the prognosis. The toddler had red swollen knees which were so sore she would cry upon waking in the morning and wouldn't crawl or begin to walk for several hours. Her gait was hobbling and slow. She slept restlessly, had a poor appetite and failed to gain weight. The parents had already put her on Rhus toxicodendron 30C bid on the advice of a homeopath. This commonly prescribed remedy for arthritis decreased the inflammation and symptoms somewhat.

A food intolerance test (as developed by Drs. Carroll and Dick) was done. As a result, the child was placed on a potato-restricted diet. Over a six to nine month time period, the girl was given 75 constitu-

tional hydrotherapy treatments. CH is particularly useful in autoimmune diseases such as RA because it stimulates proper immune function. According to Dr. Dick the CH removes toxins in the body that the immune system is fighting against with such vigor that it ends up damaging the body itself. By removing the toxins via CH and diet changes the inflammatory response is normalized (7). In this girl's case the CH were done in one to three week series depending upon the family's schedule. One year later she could run and play without pain. She remains medication-free and healthy today.

In the author's opinion, this case clearly paints a picture of toxemia caused from an incorrect diet for this child. By removing the toxifying food from the diet (as indicated by the food intolerance test), and then utilizing constitutional hydrotherapy to detoxify the child's body, the vital force was then able to promote healing in the joint tissue. Perhaps the therapy also stimulated adrenal corticosteroid to be produced to enable the body to control the inflammatory response of the disease. This is an area that warrants more study.

#### **CASE #4: CHRONIC SCLERODERMA**

A man in his late forties presented with chronic scleroderma which he had had for over 15 years. His arms were tough as saddle leather, he could not bend his fingers and his muscles were very atrophied. This man wore lotion on his hands, covered with cotton gloves most of the time in an attempt to keep his skin soft. He came to the clinic because these symptoms were progressing to his lower extremities. He had been prescribed many drugs, including prednisone, methotrexate, plaquenil, all with side effects which were worse for him than the disease itself.

A food intolerance workup (as above) was done on this patient as is routine with all new patients in the author's clinic. Based upon the results of this test the man was placed on an egg-restrictive diet. He was given a series of 60 constitutional hydrotherapy treatments. These were spread out over five to six months duration due to his budget constraints and work schedule. During this time, progressive changes were noted. He gained flexibility of his hands, had less pain and

sensitivity to cold, better digestion and improved sleep. At this time he quit hydrotherapy, but maintained his egg-free diet and new lifestyle including an exercise regimen. Two years later he surprised me in a department store with a huge hug. Realizing who it was, I grabbed his hands and was pleased to see that he appeared completely healed judging by the smooth and healthy skin on his arms and hands. He reported having no flare-ups since his last CH and continued recovering from this autoimmune condition.

It is presumed that CH supported this man's physiology, allowing his digestive organs to produce sufficient and effective enzymes thus enabling proper digestion, and possibly absorption of nutrients, so that his connective tissue could synthesize new cells. This process, apparently, was self-perpetuating once it was started.

#### CASE #5: CROHN'S DISEASE

An 18 year old woman flew from Florida to the Spokane clinic. She had been struggling with Crohn's disease for over three years. After an unsuccessful response to anti-inflammatory drugs and many courses of antibiotics, her gastroenterologist decided the next step was to surgically remove the diseased portion of her colon. The patient refused the surgery. At the Spokane clinic, a food intolerance test revealed she was unable to effectively digest all fruit, and of course living in Florida she ate a lot of fruit. Eliminating fruit from her diet and giving her 10 constitutional hydrotherapy treatments before she flew back to Florida completely turned her health around, as evidenced by normal bowel function within four days of hydrotherapy and regained energy. This young lady discontinued all medical drugs and continues to do well today, four years later.

It appears in this case that the fruit was the major stressor to her digestive system and for healing to occur this obstacle to cure had to be removed. The constitutional hydrotherapy facilitated the healing of the mucus membrane of the intestines.

#### CONCLUSION

Constitutional hydrotherapy has survived the progression from old time Nature Cure to modern naturopathic

medicine. It remains a simple, effective, and non-invasive therapy which should be among the cornerstones of every natural health clinic as was the case years ago. The art of this medicine is how skillfully it is applied and adapted to each patient. (See Table 2 for objective findings in monitoring CH.)

It is the author's opinion that with the apparent increase of severe illnesses seen today, as well as increasing pollution of the environment, it is more critical than ever before in the history of natural medicine that its practitioners embrace and support tried and true forms of natural healing such as constitutional hydrotherapy. In the words of Father Kneipp: "According to my present conviction, now fixed for 17 years and tested by innumerable cures, he who knows how to apply the water in the plainest, easiest, and most simple way, will produce the most profitable results." (3)

If more naturopathic physicians learn and utilize these methods, it will be possible to systematically investigate the clinical outcomes and the mechanisms of action of constitutional hydrotherapy.

#### END NOTES

- 1 The author has observed white blood cells increase with laboratory testing after three hydrotherapy treatments.
- 2 This has been the author's experience.
- 3 The cases presented are typical of those treated by the author, with the exception of the child with glomerular nephritis.
- 4 Because a fever of up to 103 degrees in a child is considered safe and beneficial in fighting infection (13), avoiding medications that reduce it can be helpful in healing. It has been the author's experience that if the fever exceeds 103 degrees, it is usually a result of continuing to feed the child when the digestive system is congested. It is theorized that this then results in a greater accumulation of toxic metabolic by-products which

will be used as fuel to burn a higher fever. One of the most effective ways to manage a fever is to fast on only water until the fever is below 99 degrees for six to eight hours. At that time a high potassium broth (carrot, celery, green bean) is best given first to rebalance the electrolytes before solid food is begun.

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Illustrations by Candy Gremler.

### OBJECTIVE FINDINGS IN MONITORING THERAPY

#### BODY TEMPERATURE

Normal: continue therapy as normal

Abnormal: Fever State (>99): fast on only water until fever breaks.  
Subnormal temperature (< 98): allow an extra 2 to 3 minutes for patient to warm up cold hydrotherapy towels before removing them.

#### URINE SPECIFIC GRAVITY

Normal: 1.000 to 1.030.

Abnormal: A sudden decrease in urine specific gravity signifies that a healing crisis may soon occur (14).

TABLE 2

**BIOGRAPHY**

Dr. Letitia Watrous is currently licensed in Washington and Oregon as a Doctor of Naturopathic Medicine. She graduated magna cum laude with a Bachelor of Science in biology in 1985 from Eastern Washington University. She is a member of Phi Sigma, Phi Kappa Phi, and Phi Eta Sigma national honor societies. Dr. Watrous graduated from NCNM in 1990 and then interned with her father, Dr. Harold Dick, for three years, learning the time-honored techniques of constitutional hydrotherapy, food intolerance testing and iridology. Dr. Watrous is a member of the WANP, AANP, and has taught advanced naturopathic medicine courses at Bastyr University. She lectures in Oregon, Idaho, and Washington on naturopathy and the art of healing. Dr. Watrous has remained in the same clinic started by her father in 1959, where she practices classical naturopathy.



**DR. HAROLD DICK**



**DR. LETITIA WATROUS**

**APPENDIX A**

**BLACK SALVE INGREDIENTS:**

*Ichthammol* (pine tar), *Echinacea* spp (purple cone flower), *Quercus alba* (white oak bark), *Chimaphila umbellata* (Pipsissewa), gallic acid, and *Hamamelis virginica* (witch hazel) in a petroleum jelly base.

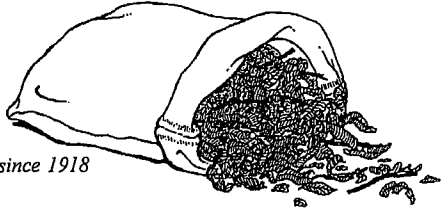
**APPENDIX B**

**COLD SOCK TREATMENT:**

Using a thin cotton sock, saturate it with cold tap water and wring out the excess water. Pull this over the foot. Place a dry wool sock (must be at least 60% wool) over the wet sock. Leave this on overnight or at least until the wet sock is dry and warm. This acts as a heating compress, pulling blood and lymphatic fluid through the injury or site of inflammation, thus speeding up the healing process.



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