

# Human Detoxification—An Overview

## Presenters

Megan Shields, M.D.  
Shelley Beckmann, Ph.D.  
Clark Carr

## Panel discussion participants

William Marcus, Ph.D., D.A.B.T.  
David Root, M.D., M.P.H.

## Moderator

R. Michael Wisner

In the last decade, organizations ranging from the World Health Organization to the Society for Occupational and Environmental Health have published papers concerning the detoxification method developed by researcher and writer L. Ron Hubbard. The first panel of the conference introduced the basic elements of the detoxification protocol, and provided an overview of societal changes that have brought about a need for human detoxification. Panelists from the fields of medicine, toxicology, biology and drug rehabilitation discussed the Hubbard protocol and its applications in treating chemical exposures and drug abuse.

## Background

Dr. Shields began her remarks with a discussion of the extent of chemical proliferation, observing that over four million man-made chemical compounds have been identified since 1965. More than 70,000 compounds are in current production, with 6,000 new compounds identified each week. In addition, at least 3,000 man-made chemicals are added to food. Added to this are illicit drugs, over-the-counter pharmaceuticals and prescription medicine.

Many of these “xenobiotics”—chemical substances foreign to living organisms—accumulate in the human body. At least 400 foreign compounds have been identified in human tissues. The National Human Adipose Tissue Survey (NHATS), a program of the U.S. Environmental Protection Agency analyzes adipose (fat) tissues in cadavers from around the country. According to

NHATS, 100 percent of Americans have xylene, styrene and other known carcinogens in their fat.

If xenobiotics were merely stored, inert, there might not be a problem. However, Dr. Shields related that there is ample evidence that they can be “mobilized” and released from fat stores. Even at low levels they can cause a variety of mental and physical effects. Mobilization may occur as a result of fasting, exercise, stress or heat. Moreover, toxicological evaluations of individual toxic chemicals do not account for the fact that there may be hundreds or even thousands of compounds and metabolites within the adipose tissue of any given individual. These may interact, with wide-ranging effects.

In cases of chronic low-level chemical exposures, disease may progress slowly, with symptoms that could be attributed to a variety of causes. Dr. Shields observed that almost every patient she has treated for low-level toxicity has at one time or another been told by a physician that his or her symptoms could not possibly be caused by chemical or drug toxicity, because there was no evidence of an acute dose of the substance in question. She emphasized that a “high degree of suspicion” and a careful patient history are necessary to establish links between observed symptoms and specific chemicals.

## Detoxification

In 1979, L. Ron Hubbard finalized a precise method for ridding the body of fat-stored drug and chemical residues. As related in his writings on the subject, his research was prompted by a desire to help former LSD users—who often continued to feel the effects of the drug



*Several authors of popular books on chemical contamination, environmental illness and drug abuse were present at the conference. These included (from left) Joan Corbet-Dyne, contributing author to The Green Shalom Handbook; John Duff, co-author of The Truth About Drugs and the upcoming Ending Addiction; Doris Rapp, M.D., author of several books on environmental illness, including Allergies and the Hyperactive Child; Marion Moses, M.D., director of the Pesticide Education Center and author of Designer Poisons; and R. Michael Wisner, co-author, with conference panelist David Steinman, of the recently published Living Healthy in a Toxic World.*



*"The fact is, there is no such thing as a 'reference range' or a 'normal range' for a toxic chemical. None of these things should be in the body."*

*—Megan Shields, M.D.*

*"Why were so many addicts unable to maintain sobriety, despite sincere efforts? The accepted notion was that when the blood was clean of drugs, the body was. But ask an addict if he or she felt clean. Most suffered a cumulative numbness, a life-long hangover that had come to appear normal."*

*—Clark Carr,*

*Rehabilitation Specialist*

years after they had last taken it. During development of the program, participants reported the apparent exudation of medical and pharmaceutical drugs, as well as industrial, commercial and agricultural chemicals.

Dr. Shields noted that today, more than 100,000 people worldwide have successfully completed the Hubbard detoxification program, also known as the "Purification Program." The methodology has been clinically tested, with the finding that levels of residual chemicals are consistently and significantly reduced. This is accompanied by relief from symptoms associated with chemical exposure.

The program is designed to increase mobilization of toxic substances, prevent their re-absorption and recirculation, and facilitate their elimination. Dr. Shields stressed that from a medical perspective, the goal of detoxification is clinical improvement—improved function, quality of life and related factors.

#### Elements of the Protocol

Note: The detoxification protocol is fully described in L. Ron Hubbard's book, *Clear Body Clear Mind*, (Bridge Publications, 1990). The following is a brief summary of material presented and discussed by the panel.

**Daily doses of immediate-release niacin:** Niacin stimulates lipid mobilization by triggering the release of free fatty acids into the bloodstream. It has been demonstrated that, while free fatty acid levels drop initially after taking immediate-release niacin, they rise markedly within two hours and then gradually return to normal.

**Moderate aerobic exercise:** This increases circulation, which ensures quick distribution of the niacin throughout the body and carries mobilized toxins to the excretory routes. Running is preferred, but this can be changed if medically indicated.

**Intermittent sauna to force sweating:** As shown in several studies on this procedure, sweat is a primary elimination route for toxins. Sauna temperatures range from 140 to 180 degrees, lower than the typical health-club sauna. The sauna must be well-ventilated. Subjects take frequent showers, both to

cool down and to remove substances from the skin and prevent their re-absorption. Liquids are administered and participants are monitored for signs of dehydration and heat exhaustion.

**Ingestion of cold-pressed oils:** These are provided to prevent mobilized toxins from being re-absorbed by the intestines to meet body needs for lipids. Polyunsaturated oils have been found to enhance excretion of extremely persistent chemicals, without depositing fat in the liver.

**Vitamin and mineral supplementation:** These replace vitamins, minerals and electrolytes lost due to increased sweating and correct deficiencies which are common among chemically-exposed individuals and drug abusers.

#### Excretion of Toxins

Researchers have found that chemicals mobilized and released into the bloodstream during detoxification may be excreted through a variety of routes, including sebum, lung vapor, sweat, urine and via the gut. Some panelists addressed whether the sudden release of stored chemicals into the bloodstream could have a toxic effect.

Shelley Beckmann, Ph.D., discussed research which has compared the blood of persons doing the program to that of control groups. The comparison found that individuals undergoing detoxification do not have significantly higher quantities of chemicals in their blood than those normally found in the body. This finding has led researchers to conclude that the increased excretion of toxins keeps pace with mobilization.

#### Drug Residues

Clark Carr of Narconon, a drug rehabilitation program utilizing this detoxification modality, discussed the relationship between drug residues, addiction and detoxification. He began by recounting the history of the Narconon program, founded by William Benitez, a prisoner in Arizona State Prison who read Mr. Hubbard's book *The Fundamentals of Thought*. From his reading, he concluded that he could improve his condition and overcome his addiction by raising his ability. He wrote to Mr. Hubbard, asking him to help him and other addicts in prison to help

themselves. Mr. Hubbard responded, recommending specific procedures that emphasized communication, self discipline, personal ethics and integrity.

The Narconon program was effective, said Mr. Carr. But even though graduates were able to remain off drugs, many were troubled by persistent cravings to use drugs, flashbacks and fear of permanent damage or personality disorder. Some relapsed.

Narconon had existed for 15 years when Mr. Hubbard completed his research on detoxification. At that time, Narconon added detoxification to the steps of its program. According to Mr. Carr, the results were significant. In addition to overcoming their cravings for drugs, clients routinely experienced dramatic improvements in composure and responsibility, as well as IQ.

#### Discussion

During the discussion period that followed, panelists and audience members addressed a variety of questions regarding practical details of administering the program, the most suitable type of sauna, etc.

Dr. Marcus discussed a finding of particular interest regarding the detoxification regimen: it appears that body levels of stored chemicals continue to go down after the program has been completed. This has led some researchers to conclude that the program rehabilitates the body's ability to detoxify itself.



*Shelley Beckmann, Ph.D., discussed research which addressed concerns that toxins mobilized during detoxification could reach unsafe levels. Blood studies have indicated that an increased rate of excretion keeps pace with the increased mobilization of chemicals from body fat.*