Detoxification Case Histories and Future Perspectives

Diane Dulca (center) is the widow of a Gulf War veteran who died of cancer shortly after returning from the conflict. She has since established a fund to enable Gulf War veterans to be detoxified. Between sessions, she met with James Woodworth, (right) Director of the Association of Human Detoxification Specialists, and Larry Liss, a highly-decorated helicopter pilot from the Vietnam conflict, who underwent detoxification to overcome the effects of exposure to the herbicide Agent Orange.

Presenters
G. Megan Shields, M.D.
David Steinman

Panel Discussion Participants
Keith Miller
William Marcus, Ph.D., D.A.B.T.

Moderator
R. Michael Wisner

The Hubbard detoxification regimen was not conceived as a "medical" procedure. However, as the only technique widely shown to be effective for reducing body accumulations of fat-soluble toxins, physicians have adopted it as a tool for alleviating the symptoms of chemical exposure.

Previous panels and keynote presentations presented case histories and studies in which detoxification was employed to treat workers suffering from job-related exposures. This panel examined several of the thousands of case histories of individuals who have been referred for detoxification to resolve problems resulting from chemicals in their homes or immediate environment.

As a counterpoint to the clinical perspective presented, a journalist described his initially skeptical investigation of a case history, and his subsequent decision to undergo detoxification himself.

Mr. Wisner opened by recalling a case that dramatically illustrated the fact that toxins may persist in body tissues for years before their effects become visible. A woman, working as director of health services for a telephone company, had manifested "multiple chemical sensitivity" for several years.

A thorough history revealed that as a child in Louisiana she had chased trucks spraying pesticides to eradicate mosquitoes, playing in the pesticide "fog." The spraying took place as often as twice a week, over a period of several years. Biopsies found high levels of pesticides in her tissue. After detoxification, her symptoms resolved and the levels of pesticides in her tissue were greatly reduced.

In another case described in detail, a landscaper in Texas was helping a friend lay a foundation for his home. At the time, it was common practice to pour pesticides on foundations to prevent termite infestations. As he was dragging a 100-pound barrel of chlordane, it fell over and the chemical poured over his clothes and body.

He was immediately hospitalized and treated, but continued to have tremors and numbness in his extremities. These symptoms went into remission after detoxification and he was able to return to his landscaping job. Biopsies showed significant reduction in adipose levels of chlordane, DDT, and the DDT metabolite DDE.

Exposures in the Home

Dr. Shields discussed the problem of chemicals in the home, and the use of detoxification to treat children who suffer from the effects of exposure. She remarked that, although cancer has been the primary measure of chemical hazard, the nervous and immune systems are earlier sentinels of harm. Despite this, she said, less than 10 percent of the 70,000 chemicals in domestic or commercial use have been tested for immunotoxic or neurotoxic effects.

The safety of the American home, Dr. Shields stated, is in question. Between five and ten million household poisonings occur each year.

Household chemicals, she said, can include solvents in paints and cleaning products, herbicides, pesticides, germicides, chlorine compounds, dry cleaning chemicals, carpet off-gassing, isocyanates in glues, lead in old paints and plumbing, dioxin in bleached paper products, asbestos, formaldehyde, radon and other chemicals. Many of these compounds have oil-soluble metabolites that are known or suspected to accumulate in human tissue.

Domestic exposure to pesticides has been associated with a five-fold increase in cancer, she said. Parental exposure to

solvents at work is strongly associated with childhood leukemia at home. Full-time homemakers have been found to have significantly higher rates of cancer than women who work outside the home.

Exposures to Children

The effects of chemicals, Dr. Shields said, are often more severe on young children than on older people in the same family. The effective concentration of a toxin is higher in the child. Due to their smaller body mass, less-developed immune system, higher rate of metabolism and other factors, children may be affected by chemicals at lower levels than adults.

Nearly two million American children, ages one to five, suffer from lead poisoning, Dr. Shields revealed. Fifteen percent of American children under the age of six have blood levels of lead that exceed standards and can cause permanent neurological effects. Domestic exposure to pesticides is linked to increased rates of childhood cancer.

Children also face exposures at school. Many older school buildings are permeated with lead. Solvents, glues, old paint, waxes, pesticides, polishes and other chemicals are also present.

Cohort Study

Dr. Shields then described a cohort study which reviewed the case histories of 18 children from 10 different families, each with some domestic or environmental exposure. Age at the time of treatment ranged from 4 to 21 years old; age at the time of exposure ranged from in utero to 15 years old. Their chief complaints included headaches, allergies, respiratory problems, recurrent infections, multiple chemical sensitivity and fatigue.

As necessary, vitamin dosages, time in the sauna, and other factors were modified to allow for the decreased body size (and age) of the participants. The children rated the severity of 87 symptoms before and after treatment. In addition to significant post-treatment improvements, 89 percent showed continued improvements in symptom profiles in follow up-interviews conducted two months after detoxification.

In Utero Exposure

The large audience next heard the case of a six-year-old girl who had been exposed in utero to fumes from new carpet. Her entire family, including five children, had become ill after the carpeting was installed. They abandoned their home three weeks later. When laboratory mice were exposed to samples of the carpet, all died within several hours—an unprecedented finding. The manufacturer admitted that the latex carpet backing had been improperly cured, and phenylcyclohexene (a by-product of the production of the rubber latex used for the backing) was the suspect agent. The mother of the family eventually testified before Congress, which then enacted new labeling criteria for carpeting.

Prior to detoxification, the child was quite ill, unable to leave her home or perform the rudimentary tasks expected of a six-year-old. She completed the program in 29 days. Detoxification effected long-term improvement in her environmental sensitivities. Her task performance improved and she was able to take classes outside her home for the first time in her life.

Pesticide Exposure in the Home

In concluding, Dr. Shields presented the case of a 14-year-old girl who became ill as a result of repeated misapplications of the pesticide dieldrin in her home. Her chief complaints were headaches, nausea and severe acne.

Fat biopsies were performed before and after detoxification, and gas chromatography scans were done for organochlorine pesticides.

Dieldrin levels were below detection, but the DDT metabolite DDE was detected at the level of 2.8 parts per million. After detoxification the level had been reduced to 0.24 parts per million, and her symptoms were alleviated.

Summarizing these cases, Dr. Shields stated that where children have become ill following chemical contamination, detoxification treatment provides a viable approach. The treatment is safe and results in long-term improvements in the health profiles of exposed children, increasing their ability to become productive members of society.

A Journalist's View

In researching a book project, journalist David Steinman followed the case of a 39-year-old female athlete who had no

"Familial chemical contamination will continue to occur in our modern society. When children become ill following exposure, detoxification provides a viable approach. The treatment is safe and provides long-term improvements in the health profiles of exposed children, increasing their ability to become productive members of society."

—Megan Shields, M.D.

Panelist David Steinman: "Exposures are very subtle sometimes, and very powerful. It's often difficult to tell where you are being exposed, how you're being exposed and what you can do about it."

known history of chemical exposure, yet manifested symptoms consistent with such exposure.

Although she was in excellent physical condition, her complaints included fatigue, flu-like symptoms, non-productive cough, muscle tiredness and joint pain.

She ate an excellent diet and drank only bottled water. However, a blood sample revealed high levels of trichloroethylene (TCE) and TCE metabolites.

Unknown to her, Mr. Steinman said, the water supply in her community was contaminated with significant quantities of TCE, a carcinogen and nervous system toxin. A significant aspect of her profile was that she took three-four showers daily. Inhaling the steam from the showers, he said, was the equivalent of drinking many, many, glasses of water daily, as the toxins are more readily absorbed in vapor form.

Upon completion of the program, the woman's symptoms were resolved and post-treatment levels of TCE metabolites were undetectable.

As a child, Mr. Steinman had been exposed to both DDT and PCBs from fish in the Santa Monica bay, and following the successful conclusion of the athlete's case, he decided to undergo detoxification himself. As a journalist, he was interested in verifying the claims and had independent blood testing done before the program, mid-program, and upon completion.

As expected, the mid-program levels were somewhat elevated, and the end result was a 40% reduction in DDT levels and a 90% reduction in PCB levels. His scores on IQ tests improved as well.

Mr. Steinman called for more attention to be paid to what is called "low-level" exposure, as even these low levels are causing health problems, and the cumulative effects of toxic exposures are still unknown.

Discussion

In the discussion period for this session, a number of conference attendees presented additional anecdotal histories.

The first was a Russian woman who had been injected with drugs by a thief in a Moscow subway. She lost her memory for several days afterward. She immediately went to a detoxification center in Moscow. Her memory recovered, and she experienced additional gains in terms of increased happiness and vigor.

A Vietnam war veteran had been exposed to dioxin from the defoliant Agent Orange. He underwent the program, and experienced significant improvements. However, he then went to work as the head of an asbestos abatement company. He developed great difficulty breathing and sleeping and went onto permanent disability. He undertook detoxification again, and by the fifteenth day in the sauna his symptoms had resolved.

Another attendee had been exposed to chlordane, used in treating termites in her home. Her entire family developed nervous system, immune, reproductive, skin, hormonal and other problems. For two years, they were told the levels of the chemical in their home were too low to cause these problems. Eventually they moved out of the home, and continued to have bowel and bladder problems, lung constriction, coughing and migraine headaches. The entire family undertook detoxification together, and these symptoms resolved.

Following these accounts, the panelists engaged in a dialogue with session participants regarding the nature of the relationship between reduced body burdens of chemicals and observed symptoms. As a related phenomenon, it has been noted that symptoms which did not respond to medical treatment before detoxification have resolved when treatment is resumed after detoxification.