

## **Sauna Detoxification: A treatment program for veterans who have symptoms associated with chemical exposure.**

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Uniformed personnel deployed in support of military operations are routinely exposed to harmful substances as a result of uncontrolled industrial releases, sabotage, or from the intentional and unintentional actions of enemy or friendly forces. Despite extensive reports showing symptoms consistent with exposures, an agreed paradigm for addressing the resulting health issues does not exist.

U.S. troops exposed to the approximately 20 million gallons of Agent Orange, Agent Purple and 15 other herbicides sprayed in Vietnam between 1962 and 1971 manifested clusters of adverse health effects. After spending \$51.5 million on interviews and examinations, in 1987 CDC cancelled its research after concluding it could not accurately determine the exposure of veterans to Agent Orange<sup>1</sup>. Recently, detailed military spraying records were used to more accurately model exposure patterns<sup>2</sup>. After more than 30 years, data is sufficient to associate Agent Orange with certain conditions. However, a definite causal relationship has not yet been established and the subject of treatment has not been approached.

Hundreds of millions of dollars have been allocated for Gulf War research, yet only a handful of projects address the question of treatment<sup>3</sup>. Nonetheless, the question of whether or not veterans are receiving appropriate and effective treatments for their health problems remains a primary concern<sup>4</sup>.

The Center for Disease Control (CDC) urges increased awareness of symptoms associated with toxic chemical exposure for the purpose of swift diagnoses and appropriate treatment. This philosophy opens the door to another approach, one which acknowledges symptom patterns consequent to increased body burden including low level exposures. With this hurdle cleared, greater emphasis must be placed on evaluating effective treatment. In a world that faces the prospect of intentionally -caused exposures, physicians must have tools to be more than ineffectual bystanders.

The following four case studies evaluate the Hubbard method of detoxification, a regimen of sauna detoxification aimed at reversing the effects of chemical contamination. Two of the four individuals were deployed in the Vietnam or Persian Gulf military areas and experienced line-of-duty exposures; one was exposed at the WTC disaster site, and one is the spouse of the Persian Gulf-deployed marine. Each underwent remarkable improvement with persistent symptoms resolving on program completion. Daily written reports of progress details, medical examination and laboratory tests aided in monitoring their progress.

Numerous reports on the Hubbard method show a consistent picture of safety and effectiveness in reversing the health effects of contamination in a broad number of exposures<sup>5,6,7,8,9</sup>. As an example, a private sector model was rapidly implemented, to date helping almost 500 rescue and cleanup workers address exposures resulting from the World Trade Center attack and collapse<sup>10</sup>. This method is appropriate for uniformed personnel where contamination is commonly

suspected. Failure to provide timely treatment is a disservice to our military service members, resulting in unfairly poor quality of life, litigation and long term medical costs.

Uniformed service personnel are precious resources. Our freedom and safety depend on them. Treatment of these highly valuable service members utilizing the Hubbard method of detoxification provided them with remarkable recoveries, and saved taxpayers millions of dollars. The Hubbard method should be well noted by all who are charged with caring for our veterans.

#### Case 1

This is a 34 year old Caucasian male Captain with fourteen years in the US Army National Guard, trained as a UH-60 Black Hawk Pilot, a non-smoker with no history of drug or alcohol use. On September 11 he joined other military volunteers in the rescue and recovery efforts at the WTC disaster site. He remained in the lower Manhattan area until March 2002. His symptoms began immediately, and were intense. On September 16th, he was hospitalized because of difficulty breathing. Army Medical Center records also showed subsequent hospitalizations for asthma and pneumonia requiring intubation. The Captain continued to develop a variety of symptoms including cough, productive sputum, nasal congestion, shortness of breath, wheezing, disordered sleep, fatigue, skin rashes, severe stomach and chest pain, and chronic nausea, vomiting and diarrhea. His mental condition deteriorated and he experienced flashbacks of the WTC incident. By December 2003, the Army had revoked his flight orders. This serious personal setback also cost the Army the approximately \$3 million it had invested in his flight training.

At enrollment into the Hubbard method he was taking 10 medications daily including Albuterol, Advair and Nexium. Laboratory tests included CBC, comprehensive metabolic panel, thyroid panel, lipid panel, ECG, and urinalysis. Results were all within normal ranges. He was diagnosed with WTC exposure and elected to undergo detoxification treatment. During treatment and coincident with improved symptoms he gradually discontinued use of all medications.

Following his 21 day course of therapy in January 2004, the Captain began his application for restoring flight status. Through the Army Medical Center he completed a careful general internal medicine evaluation and a series of comprehensive specialty assessments. Army records indicated his irritable bowel syndrome, cough and breathing completely resolved and stated "he is now able to run 5 miles in 50 minutes." Other symptoms have improved including sleep apnea and congestion, although he still experienced pollen allergies. Within months of treatment completion he had passed all physical tests necessary and was deployed to Iraq in a non-flight capacity. Eighteen months following treatment, he passed all medical and mental tests and received his final flight clearance. Soon to be promoted to Major, he is currently directing all National Guard rescue efforts in New Orleans following the destruction of hurricane Katrina. He states "To my knowledge, a recovery of this nature has never happened before."

#### Case 2

This is a 49 year old Caucasian male, Lieutenant Colonel in the US Marine Corps (retired), non-smoker with no history of drug use and discontinued alcohol use 20 years ago. His excellent health history included regular exercise and attention to diet. He served as Executive Officer for the 4<sup>th</sup> Marine Infantry Regiment in combat operations against Iraqi forces in Kuwait during Operation Desert Storm where he was deployed until August 1991. He experienced moderate

chemical exposures including two weeks in the vicinity of the burning Al Wafrah and Um Gadir Kuwaiti oil fields. He wore clothing impregnated with DEET and Permethrin. His unit also responded to battlefield chemical alerts and he had received anthrax and botulism vaccines along with pyridostigmine bromide tablets as preventive medicine for chemical/biological warfare. His medical records indicate initial symptoms during his deployment to Kuwait that included episodes of severe lower back pain with a negative MRI and no injury. Gradually he developed roving joint pain, fatigue, headaches, skin rashes and a regular eyelid infection that did not resolve with antibiotics. In 1992 he sought help from the Veterans Administration and was diagnosed with "Persian Gulf Syndrome." He was prescribed Tylenol to manage joint pain. No other treatment was available.

These symptoms did not resolve with time and he enrolled in the Hubbard method after hearing a testimony during the Presidential Advisory Committee on Gulf War illnesses. Presenting symptoms at the time of treatment (5 years after the exposure) included a persistent eyelid infection, skin rash, fatigue, impaired short term memory, irritability, headaches, sleep disturbances, joint pain, muscle aches and pains, gastrointestinal disturbances and recurrent colds. Laboratory tests included CBC, comprehensive metabolic panel, lipid panel, EKG, urinalysis and were all normal.

During his 16 day treatment with the Hubbard method in June 1996, he noticed a number of manifestations. His upper eyelid sty and a rash on his foot initially worsened and then permanently cleared by day six. During his third day of therapy he noticed a yellow-tan stain on his towel deposited from his sweat. This stain reappeared several times through day nine. On day 15 a black substance came out in sweat from his feet. A persistent shoulder pain began to clear on day eight and was fully resolved by completion. His energy returned back to normal as did memory and concentration. On his last day, at 1500 mg niacin, he ran 5 miles and swam 30 laps prior to treatment and stated he was "feeling great!"

### Case 3

A 43 year old, nonsmoking female and wife of the Lieutenant Colonel described as Case 2, was exposed to Desert Storm chemicals when her spouse returned from deployment in Kuwait, August 1991. Her excellent health history changed with an atypical PAP smear in 1992 that recurred several times but follow-up biopsies were negative. She also developed additional symptoms including irregular menstrual cycles, chest rash, chills and fever that were categorized as "PMS." She often had swollen glands, gum infections, and a metallic taste in her mouth. She developed migraines along with food sensitivities. Prior to her husband's return from deployment her exercise habits included resistance training and daily 6 mile jogs. At her enrollment physical exam in September 1996, she stated that she was no longer able to do this due to fatigue and joint discomfort. Additionally, their 16 year old son became very ill when her husband returned. Her laboratory tests included CBC, comprehensive metabolic panel, lipid panel, EKG, urinalysis and were all normal.

During her 28 day program she noted yellow tan stains on her towels and at times black spots. She also experienced night sweats, had recurring skin acne that finally cleared and once re-experienced a methamphetamine manifestation from a dose she had taken in her teens. By treatment completion she had fully regained her energy levels and had returned to regular exercise. Following treatment, her PAP tests and menstrual cycles also returned to normal. She stated her "body feels peaceful."

## Case 4

A 56 year old Caucasian male who'd been deployed as a paratrooper in the Army's legendary 101<sup>st</sup> Airborne and one of only seven men who fought at Hamburger Hill who managed to complete their tour of duty and return home alive. A non-smoker with no history of drug or alcohol use. Thirty six years ago during his tour of duty in Viet Nam he was directly sprayed with Agent Orange. On completion of military service, he went to the Veteran's Administration seeking help for symptoms that included chloracne and was offered disability.

Employed for the past 20 years by the New York Sanitation Department, he worked 11-12 hour shifts seven days a week removing WTC debris. Shortly after 9-11, he was diagnosed with bronchitis and given a course of antibiotics that did not reduce the symptoms. At enrollment on the Hubbard method in June 2005, he was taking Combivent, Prednisone and Pulmacort and states they also were ineffective. His chief complaints included a persistent cough and wheezing, hearing loss, inability to concentrate and short term memory loss, gastrointestinal disturbances, fatigue and depression. He reported that he had mental and physical impairment that affected his work and personal life at least 20 of the prior 30 days. He stated his symptoms began after his work at the WTC site and were common among other sanitation workers.

Laboratory tests prior to treatment included CBC, comprehensive metabolic panel, thyroid panel, lipid panel, ECG, and urinalysis. Results were all within normal ranges. He was diagnosed with chemical exposure and fatigue and elected to undergo detoxification therapy.

During his 31 day program he worked up to 5000 mg of niacin. During the therapy his skin broke out. "I saw a chemical coming out of me," he reported. "It smelled like chlorox. It wasn't a faint smell. It was clear and apparent to anyone near me."

By treatment completion his symptoms had completely resolved. "I can finally sleep," he says. "I can go a couple of weeks without coughing once. That's not a small improvement. That's an unbelievable improvement." "I feel younger than when I first came to the program... This is the first thing that's helped me, they did more than just sit there and argue about what the problem might be. These people did something to make things better."

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<sup>1</sup> U.S. General Accounting Office *Agent Orange Studies: Poor contracting practices at Centers for Disease Control increased costs*. September 1990.

<sup>2</sup> Stellman JM et al., *The extent and patterns of usage of Agent Orange and other herbicides in Vietnam*. Nature 2003 Apr;422:681-687

<sup>3</sup> Department of Veterans Affairs. *Annual report to Congress: Federally sponsored research on Gulf War veterans' illnesses for 2001*. Department of Defense projects, Appendix, Mar 2002.

<sup>4</sup> Institute of Medicine *Gulf War Veterans*. Nat'l Academies Press 2001

<sup>5</sup> Schnare, DW, Denk, G, Shields M, and Brunton S. *Evaluation of a detoxification regimen for fat stored xenobiotics*. Med Hypotheses. 1982 Sep;9(3):265-82.

<sup>6</sup> Schnare DW, Ben M and Shields MG. *Body Burden Reduction of PCBs, PBBs and Chlorinated Pesticides in Human Subjects*. Ambio. 1984; 13(5-6):378-380.

<sup>7</sup> Schnare DW, and Robinson PC. *Reduction of the human body burdens of hexachlorobenzene and polychlorinated biphenyls*. IARC Sci Publ. 1986; (77):597-603

<sup>8</sup> Root DE and Lionelli GT. *Excretion of a lipophilic toxicant through the sebaceous glands: A case report*. J Toxicol Cutaneous Ocul Toxicol. 1987; 6(1):13-8.

<sup>9</sup> Kilburn KH, Warsaw RH, and Shields MG. *Neurobehavioral dysfunction in firemen exposed to polychlorinated biphenyls (PCBs): possible improvement after detoxification*. Arch Environ Health. 1989 Nov-1989 Dec 31; 44(6):345-50.

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<sup>10</sup> Dahlgren, J et al., *Persistent Organic Pollutants in 9/11 World Trade Center Rescue Workers: Reduction following detoxification*. Presented at Dioxin2004 Berlin, Germany.