

Nutritional Detoxification, Part Two: Before the Diet

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I answered the phone and the voice on the other end said, "Hi, Dr. Andersen. Could you teach a nutrition course for us on detoxification? The scheduled instructor just informed us he is unable to give the seminar." I answered her question with a few of my own questions.

"How long will the lecture be? Is the course content predetermined or will I create the entire lecture?" She told me it would be a 10-hour discussion on published course topics.

"OK," I said. "Give me at least six weeks to put it together. When is it scheduled?" There was a pause, and in a low voice, I heard, "This weekend."

"Can I review the scheduled instructor's notes or presentation?" I asked. "We never received anything," she replied. "Well, you do realize this will be my views and not yours?" I stated. "We're desperate," she replied.

I informed the attendees at the onset, "Those who expect a product-based approach may be disappointed," because my emphasis was a common-sense, low-tech program rather than which powders, potions, pills, proteins, vitamins, minerals, enzymes, herbs and nutraceuticals were best for (detoxifying/cleaning/rejuvenating) a given organ. I informed the group it was hard for me to recommend a cleanse if I could not find any credible information to define or determine what is dirty.

In general, people do not seek detoxification-type, nutritional intervention for single-incident exposures. Those normally are reserved for poison-control treatments. Nutritional detoxification programs are normally done for long-standing problems that might be vague or progressive without the presence of frank pathology. Ongoing complaints such as pain, fatigue or gastrointestinal, genitourinary, neurological and musculoskeletal dysfunction which have a less than satisfactory response to various types of intervention are the conditions targeted by the supplement industry for detox programs in their promotional literature. In my experience, if: 1) the environmental exposures can be identified, reduced, avoided or minimized; and 2) the nutrient-depleted, stressful, pro-inflammatory foods are eliminated from the diet; then 3) only a very, very small subset of patients will ever require a costly supplemental treatment program.

External Toxins and Lifestyle Habits

Identify and eliminate toxic exposure from all possible/practical sources. In the categories that follow, an in-depth question-and-answer exchange is required to determine a possible, unlikely or definite problem.

1. Medications: Look up the signs, symptoms and interactions of all prescribed and over-the-counter medications regularly used. It's not unusual for prescription medications to be ordered

by more than one physician and filled by more than one pharmacist. It's also not unusual for a patient receiving these drugs to neglect disclosure of over-the-counter medications they use. Patients on multiple drugs often are surprised to discover how many problems can be caused by interactions that have been overlooked.

2. Home Environment: In their household environment, is there a possibility of mold, mildew, rodent or insect infestation in their immediate living and sleeping quarters? Question the age of the mattress and how often items such as carpets and drapery are cleaned. Animal exposure also should be addressed.
3. Kitchen: Are sponges and brushes washed regularly? How long do leftovers sit before refrigeration? How many days are leftovers typically consumed? Is there cross-contamination during meal preparation?
4. Personal Hygiene: Anything that a person wipes, sprays, rubs or places on their body is potentially toxic. Are toothbrushes ever cleaned and/or changed regularly?
5. Household Cleaners: Everything from laundry detergent to products used on floors, counters, windows, carpets, wooden structures and other materials should be investigated for potential links by either direct contact or inhalation.
6. Yard/Projects/Hobbies: Insecticides, pesticides, herbicides, solvents, paints, metals and glues may be potential sources of toxins. It's common for chemicals used during relaxing or fun activities to be overlooked as possible irritants.
7. Air: Have heating and air conditioning filters been changed or cleaned regularly? Determine if there are windows open which draw air from nearby industries or major highways. If there are air purifiers present, are the filters being changed? California just banned some ozone purifiers because their use increased asthma and allergies. Did symptoms increase following the purchase of such a product?
8. Water: Have household water filters (including the freezer's ice maker and the refrigerator's cold water dispenser) been cleaned or replaced regularly?
9. Workplace: Is there any link between anything at the job and the onset, development or exacerbation of the patient's complaint complex?
10. Sleep: Find out the amount of sleep that normally is attained and then ask how much sleep is optimal.
11. Activity/Exercise: Determine the amount of weekly activity (frequency and length) that promotes continuous heavy sweating.

Pre-Dietary Recommendations

Rarely will you encounter a patient who doesn't have any non-dietary issues which can cause, contribute to or exacerbate their symptoms. Prior to dietary changes, address any external issues such as the following:

- Physicians and pharmacists must be informed of all prescription/over-the-counter medications used and take the appropriate managerial steps to correct any interactions which might have been overlooked.
- Clean any suspected sources of household toxins. Remember that old mattresses probably are full of mites. Ensure proper paint and insulation are used. If fumigation is required, ensure the treatment does not replace one problem with another.
- Wash kitchen sponges (in dishwasher if possible) no less than twice a week. Refrigerate leftovers promptly and discard unconsumed food after 48 hours.
- Eliminate any personal hygiene products that have a suspicious correlation with any complaints (e.g., clean toothbrushes regularly).
- Eliminate any household cleaning products that have a suspicious correlation with any

complaints.

- Avoid all exposure to yard, project and hobby chemicals when undergoing detoxification and replace those which are suspicious.
- Clean/replace all air filters.
- Clean/replace all water filters.
- If workplace exposure is a suspected source of toxins, discuss with a supervisor ASAP.
- Detoxification must include the optimal amount of sleep no less than six days a week. If a patient is too busy to sleep, they are not ready to get serious and commit to a true detoxification program. If insomnia is a primary problem, it must be addressed by a professional with experience.
- Exercise or activity that promotes heavy sweating must be performed a minimum of three times a week (unless precluded by injury) for at least 20 minutes, and preferably five to six times a week. Again, those who are too busy to exercise are not ready to make the changes necessary for success.

By first cleaning up a person's environment and lifestyle, the odds of successful nutritional changes are greatly elevated. This is important because if a person doesn't feel better eating apples over cookies, they will return to cookies. The goal of diet modification is permanent habit change rather than: "I'm eating healthy because I'm detoxing."

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